



OCCUPATIONAL HEALTH DEPARTMENT,
Vale of Glamorgan Council, Civic Offices, Holton Road, Barry
Vale of Glamorgan CF63 4RU
Tele. No. 01446 709121/709182

Influenza Immunisation Consent Form 2026/2027(Corporate)

Full Name: _____

Address: _____

GP Surgery: _____

Date of Birth: _____ Age: _____ Telephone: _____

Department: _____ Job Role: _____

Directorate: _____

Do you have a temperature today? YES / NO

Are you taking any medication? YES / NO

Have you had any vaccinations in the last month? YES / NO

Have you had flu or flu-like symptoms in the last week? YES / NO

Are you pregnant or likely to be? YES / NO

Have you ever had a flu vaccination in the past? YES / NO

If so, did you suffer any side effects from it? YES / NO

Have you ever been advised not to have a flu injection?
Or been refused one by your doctor? YES / NO

If you have answered yes to any of the above questions, please provide details in box below:

I give my signed consent for the OH staff to administer the Seasonal Influenza Vaccine to me.

Signed:

Date:

Please note details of your Influenza Vaccination will be sent to your GP Surgery

FOR OFFICE USE ONLY:

Batch Number: _____ Expiry date: _____ Right deltoid / Left deltoid

OHA/N: _____ Signature: _____ Date: _____

2026/2027 – Seasonal Influenza Vaccine

- an A/Missouri/11/2025 (H1N1) pdm09-like virus;
- an A/Darwin/1415/2025 (H3N2)-like virus; and
- a B/Pennsylvania/14/2025 (B/Victoria lineage)-like virus.