

# BHSCT COMMUNITY NURSING COVID VACCIN.

DATE OF VACCINATION \_\_\_\_\_(dd/mm/yyyy)

NAME OF NURSE \_\_\_\_\_

GP PRACTICE \_\_\_\_\_

	<b>Patient meets eligibility criteria</b>	<b>Patient past significant reaction to any vaccine or medicine?</b>	<b>First name</b>	<b>Last name</b>
eg 1.	YES >75	NO	BERT	BLOGGS

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RESERVE



**ATION TEAM - HOUSEBOUND PATIENTS**

Vaccine	Vaccine Dosage
COVID-19 Vaccine AstraZeneca	0.5ML

**THE PATIENTS BELOW ARE ALL RECEIVING THE VACCINATION FR**

HCN Number	Date of birth (DD/MM/YYYY)	Sex at birth
12364589661	01/01/1909	MALE



Vaccine Batch number	Vaccine Expiry date (DD/MM/YYYY)
HSSDSLKJIUFJF55468	25/12/2025

**FROM THE SAME VIAL**

Ethnic background	Postcode	Mobile Number
WHITE	BT15 3HF	7812345693

- White
- Irish Traveller
- White and Black Cariibbean
- White and Black African
- White and Asian
- Any Other Mixed/Multiple Ethnic Background
- Indian
- Pakistani
- Bangladeshi
- Any Other Asian Background
- African

Caribbean  
Any Other Black/African/Caribbean Background  
Chinese  
Arab  
Other Ethnic Group  
Refused to provide an answer

Email address	Vaccine administration site	Consent Given	GP advice received
NA	RIGHT DELTOID	YES	YES ON LIST

Left Arm	Yes
Right Arm	No - In best interest of patient
Other	No





**Reason given if vaccination does NOT proceed** [ If reason given is *other* ]

NA

NA

Appointment no longer required  
Deferred due to NOK refusal  
Deferred due to illness  
Deferred due to patient refusal  
Did not attend  
Inappropriate age  
No cancellation reason specified  
Pregnancy  
Duplicate  
Location  
Other (describe in next column)