# FLU & COVID-19 PROVIDED EXTERNALLY OR OPT OUT FORM – Autumn

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| **Full Name:** | **Date of birth:** |
| **Department:**  | **Job title:**  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Employee Number:**

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| * I have had my Flu Vaccine Autumn Booster 2022 Externally
 | * I have had my Covid-19 Vaccine Autumn Booster 2022 Externally
 | * I am opting out of having my flu vaccine 2022
 | * I am opting out of having my Covid-19 vaccine 2022
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| Which staff group do you belong to: | * **Additional Clinical Services**
* **Additional Professional Scientific & Technical**
* **Admin & Clerical**
* **AHP (e.g. Physiotherapist)**
* **Ambulance Service**
* **Care Home Worker**
 | * **Estates & Ancillary**
* **GP**
* **Health & Social Worker**
* **Healthcare Assistants**
* **Healthcare Scientists**
* **Medical & Dental**
 | * **Nursing & Midwifery**
* **Social Care Worker**
* **Student Doctor**
* **Student Nurse**
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| **If you have received your Flu Vaccine elsewhere, please state where** |  | **Date of Vaccination** |  |
| **If you have had your Covid-19 Vaccine elsewhere, please state where** |  | **Date of Vaccination** |  |

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|  I know that I could get flu or Covid which can be life threatening; I also understand that by not having the vaccination I could give flu or Covid to a patient. I know that vaccination is significantly likely to reduce the chances of me getting flu or Covid and of me passing it to my family, work colleagues or patients, but I still chose not to have the vaccine. **Please tick each of the boxes below that apply to your decision not to have the jab.** I DON’T WANT TO BE VACCINATED AGAINST THE FLU VIRUS BECAUSE:  I don’t like needles  I don’t think I‘ll get flu/haven’t had flu before * I don’t think I‘ll get Covid/haven’t had Covid before

 I don’t believe there is enough evidence to support the flu vaccination* I don’t believe there is enough evidence to support the Covid vaccination

 I’m concerned about possible side effects  I currently have an illness which is preventing me from having the vaccination I believe that I am allergic to some of the contents of the vaccine I don’t know how or where to get vaccinated  It was too inconvenient to get to a place where I could get the vaccination  The times when the vaccination is available are not convenient  It is my choice and is not mandatory Other reason – please tell us below ………………………………………………………………………. |
| **Signed**………………………………………**Date**…………………………………………**Once completed please return to the Human Resources Department in South Walks House, or email to** **humanresources@dchft.nhs.uk** |