# 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:**   |  |  |  |  | | --- | --- | --- | --- | | * 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 | | 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**](mailto:humanresources@dchft.nhs.uk) |