**NHS Grampian Non Routine Vaccine Referral Form (Non Travel Vaccines)**

NHS Grampian Vaccination Service Non Routine Vaccinations Pathway Referral Form.  To be completed for patients that require non-travel related vaccinations outside of the normal UK vaccination schedule.  Travel Related Vaccines should be referred to Participating Community Pharmacies.

Required \*

1. Patient Forename \*

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1. Patient Surname \*

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1. Patient Date of Birth \*

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Format: M/d/yyyy

1. Patient CHI Number

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1. GP Practice patient is registered with \*

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1. Patient Contact Telephone No. (This number will be used to contact the patient for vaccination appointment. Please advise patient they may be contacted by a withheld number and not to screen calls) \*

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1. Patient e-mail address \*

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1. Vaccination Required (please refer to the relevant Green Book Chapter for eligibility)

<http://ww.gov.uk/government/collections/immunisation-against-infectious-disease-the%02green-book#the-green-book>

<https://www.gov.uk/government/collections/immunisation-against-infectious%02disease-the-green-book#the-green-book>)

 [ ]  Repeat Full UK Schedule of Vaccinations

 [ ]  6 in 1 First Dose - Diphtheria, Tetanus, Pertussis (Whooping Cough), Haemophilus Influenzae

 Type B (Hib), Polio, Hepatitis B

 [ ]  Rotavirus First Dose

 [ ]  Pneumococcal 23 Serotypes (Pneumococcal Polysaccharide Vaccine, PPV)

 [ ]  Meningococcal Group B (Men B) First Dose

 [ ]  BCG Mantoux Test \*BCG eligibility referral [form 1](https://www.grampianvax.com/wp-content/uploads/2022/08/FORM-1-Assessment-for-Eligibility-for-BCG-immunisation-1.docx) and [form 2](https://www.grampianvax.com/wp-content/uploads/2022/08/FORM-2-Info-and-consent-intervax-for-parents-info-and-consent-intervax-form-for-parents.doc) are also required.

 [ ]  BCG Vaccination\* BCG eligibility referral [form 1](https://www.grampianvax.com/wp-content/uploads/2022/08/FORM-1-Assessment-for-Eligibility-for-BCG-immunisation-1.docx) and [from 2](https://www.grampianvax.com/wp-content/uploads/2022/08/FORM-2-Info-and-consent-intervax-for-parents-info-and-consent-intervax-form-for-parents.doc) are also required.

 [ ]  6 in 1 second dose - Diphtheria, Tetanus, Pertussis, Hib, Polio, Hepatitis B

 [ ]  Pneumococcal 13 serotypes (Pneumococcal Conjugate Vaccine, PCV) First Dose

 [ ]  Rotavirus second dose

 [ ]  6 in 1 third dose - Diphtheria, Tetanus, Pertussis, Hib, Polio, Hepatitis B

 [ ]  Meningococcal (Men B) second Dose

 [ ]  Hib Men C First Dose

 [ ]  Measles, Mumps, Rubella (MMR) first dose

 [ ]  PCV second dose

 [ ]  Men B third dose

 [ ]  Seasonal Flu Vaccine

 [ ] MMR second dose

 [ ] 4 in 1 pre school booster - Diphtheria, Tetanus, Pertussis and Polio

 [ ] Cancers caused by Human Papillomavirus (HPV) 1st Dose

 [ ]  HPV 2nd dose

 [ ]  3 in 1 teenage booster - Diphtheria, Tetanus and Polio

[ ] Men A C W Y

 [ ]  Shingles Shingrix (Recombinant Vaccine)

 [ ]  Pertussis (no single vaccine Boostrix will be used)

 [ ]  Hepatitis A

 [ ]  Hepatitis B

 [ ]  Varicella

 [ ]  COVID-19

 [ ]  Flu LAIV

 [ ]  Flu QIVc

 [ ]  Flu QIVe

 [ ]  Flu AQIV

1. Reason vaccination is required  \*

 [ ]  New to Area

[ ]  Vaccination not received under normal pathway

 [ ]  Patient Request

 [ ]  Other

1. If Other, Please specify

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1. Does this patient have any allergies, or medical conditions that the immunisation team should be aware of?

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1. Please provide any additional information that will assist with this referral, e.g. vaccine schedule, vaccine dose.

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1. Name of person completing this form \*

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1. E-mail address of person completing this form \*

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 Please e-mail the completed form as follows:

 Aberdeen City Patients to: Gram.citycovid19immsteam@nhs.scot

 Aberdeenshire Patients to: gram.TLvaxshire@nhs.scot

 Moray Patients to: Gram.vaccreferralsmoray@nhs.scot

**Thank you for submitting this vaccination request.**

Local immunisation teams will contact the patient