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| Chappells PharmacySaxonbury HouseCroft RoadCrowboroughEast SussexTN6 1DL | logo_greyscale.jpg |

**Consent to participate in the:**

NHS Community Pharmacy Seasonal Influenza Vaccination Advanced Service

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| --- | --- |
| Patient’s name and address | Bag label |

I agree to be given a flu vaccination by a trained pharmacist; and

I confirm I have not already received a flu vaccination for this flu season.

|  |  |
| --- | --- |
| Patient’s signature |  |
| Date |  |

We will send your name, address and information about your flu vaccination to your GP practice so they can update your health record.

We may send this completed form to NHS England or the NHS Business Services Authority if they need to check our payments for providing this service. If they need to, this will allow them to contact you to check that we gave you a flu vaccination.

If you have any queries about how we process your personal data or would like to exercise your rights under data protection legislation, please speak to a member of staff.

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