

**DATA RETURN FORM/CLAIM FORM**  
**POULTRY WORKERS SEASONAL 'FLU VACCINATION SCHEME**  
**2006/2007**

GP Practice: \_\_\_\_\_

GP Practice number: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Influenza Vaccines Administered:

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

This form should be completed and returned to the individual leading the Poultry Workers Vaccination Programme in your local Health & Social Services Board by the 6<sup>th</sup> of April 2006. This form must be returned in order for payment to proceed.

Health & Social Services Boards should use this form to collate information for their geographic area and for data reporting to DHSSPS.