

Poultry Workers Vaccination Programme 2006/07

Your local Health & Social Services Board is coordinating the immunisation programme and will use the details on this form, **in the strictest confidence**, for arranging an appointment with you and letting your GP know that you have been vaccinated so your records can be updated.

Please confirm that you consent to your details being given to the Board by ticking the box below and complete the rest of the form.

I consent

I do not consent

1. Name

2. Date of birth.....

3. Address.....

.....

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4. Contact telephone number

5. GP name (if known).....

6. GP address (if known).....

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7. GP telephone number (if known).....

Signed.....Date.....

Thank you for your help