

SWINE FLU VACCINATION RECORD

Your Name:

First dose

D.O.B

Date	Tick brand administered	Arm injected	Vaccinator initials
	<input type="checkbox"/> Pandemrix <input type="checkbox"/> Celvapan	<input type="checkbox"/> Left <input type="checkbox"/> Right	

Date for second appointment (if needed):

Second dose (if needed)

Date	Tick brand administered	Arm injected	Vaccinator initials
	<input type="checkbox"/> Pandemrix <input type="checkbox"/> Celvapan	<input type="checkbox"/> Left <input type="checkbox"/> Right	

If you think that you have experienced a side-effect to Pandemrix (GSK) or Celvapan (Baxter), please report it to the Medicines and Healthcare products Regulatory Agency at www.mhra.gov.uk/swineflu