

Pneumococcal/Influenza Vaccination Claim

Reference Number

PATIENT DETAILS

*PPSN

*Card No.

*Patient's Name

Address

*Date of Birth

Gender

TO BE COMPLETED IN WRITING BY PATIENT OR GUARDIAN

1. I verify that I/the named patient have received two injections, Pneumococcal Vaccination and Influenza Vaccination.
2. I confirm that I consented to have myself/the named patient vaccinated with both the Pneumococcal and Influenza Vaccinations.
3. **Data Protection Notice:** Personal data collected by HSE PCRS is used for the purpose of providing a health service. It is required, stored, processed and disclosed to other bodies in accordance with the laws relating to proper treatment of personal data.

Signature (Mandatory)

PRACTITIONER DETAILS

*GMS Number

*NAME

The vaccination detailed hereon has been given by me.

*SIGNATURE AND STAMP OF CONTRACTOR

If different from above, then please provide details, in BLOCK CAPITALS, of person administering the vaccine

*Forename:

*Surname:

*MCRN:

*Cold Chain Acc. No.:

VACCINATION DETAILS

* Vaccination Date

DD / MM / YYYY

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

Batch Number

Name of Vaccine

Manufacturer

Injection Site

Expiry Date

Vacc. Type

**INCREASED MEDICAL RISK CODES

A <input type="checkbox"/>	C <input type="checkbox"/>	D <input type="checkbox"/>	E <input type="checkbox"/>
F <input type="checkbox"/>	G <input type="checkbox"/>	I <input type="checkbox"/>	K <input type="checkbox"/>
L <input type="checkbox"/>	X <input type="checkbox"/>	AL <input type="checkbox"/>	

* Mandatory fields

** At least one required for payment

Contractors should retain copies of this paperwork for their own records and audit if required.