**NHS Grampian Non Routine Vaccine Referral Form (Non Travel Vaccines)**

NHS Grampian Vaccination Service Non Routine Vaccinations Pathway Referral Form.  To be completed for patients that require non-travel related vaccinations outside of the normal UK vaccination schedule.  Travel Related Vaccines should be referred to Participating Community Pharmacies.

Required \*

1. Patient Forename \*

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1. Patient Surname \*

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1. Patient Date of Birth \*

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Format: M/d/yyyy

1. Patient CHI Number

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1. GP Practice patient is registered with \*

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1. Patient Contact Telephone No. (This number will be used to contact the patient for vaccination appointment. Please advise patient they may be contacted by a withheld number and not to screen calls) \*

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1. Patient e-mail address \*

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1. Vaccination Required (please refer to the relevant Green Book Chapter for eligibility)

<http://ww.gov.uk/government/collections/immunisation-against-infectious-disease-the%02green-book#the-green-book>

<https://www.gov.uk/government/collections/immunisation-against-infectious%02disease-the-green-book#the-green-book>)

Repeat Full UK Schedule of Vaccinations

6 in 1 First Dose - Diphtheria, Tetanus, Pertussis (Whooping Cough), Haemophilus Influenzae

Type B (Hib), Polio, Hepatitis B

Rotavirus First Dose

Pneumococcal 23 Serotypes (Pneumococcal Polysaccharide Vaccine, PPV)

Meningococcal Group B (Men B) First Dose

BCG Mantoux Test \*BCG eligibility referral [form 1](https://www.grampianvax.com/wp-content/uploads/2022/08/FORM-1-Assessment-for-Eligibility-for-BCG-immunisation-1.docx) and [form 2](https://www.grampianvax.com/wp-content/uploads/2022/08/FORM-2-Info-and-consent-intervax-for-parents-info-and-consent-intervax-form-for-parents.doc) are also required.

BCG Vaccination\* BCG eligibility referral [form 1](https://www.grampianvax.com/wp-content/uploads/2022/08/FORM-1-Assessment-for-Eligibility-for-BCG-immunisation-1.docx) and [from 2](https://www.grampianvax.com/wp-content/uploads/2022/08/FORM-2-Info-and-consent-intervax-for-parents-info-and-consent-intervax-form-for-parents.doc) are also required.

6 in 1 second dose - Diphtheria, Tetanus, Pertussis, Hib, Polio, Hepatitis B

Pneumococcal 13 serotypes (Pneumococcal Conjugate Vaccine, PCV) First Dose

Rotavirus second dose

6 in 1 third dose - Diphtheria, Tetanus, Pertussis, Hib, Polio, Hepatitis B

Meningococcal (Men B) second Dose

Hib Men C First Dose

Measles, Mumps, Rubella (MMR) first dose

PCV second dose

Men B third dose

Seasonal Flu Vaccine

MMR second dose

4 in 1 pre school booster - Diphtheria, Tetanus, Pertussis and Polio

Cancers caused by Human Papillomavirus (HPV) 1st Dose

HPV 2nd dose

3 in 1 teenage booster - Diphtheria, Tetanus and Polio

Men A C W Y

Shingles Zostavax (Live Vaccine)

Shingles Shingrix (Recombinant Vaccine)

Pertussis (no single vaccine Boostrix will be used)

Hepatitis A

Hepatitis B

Varicella

COVID-19

Flu LAIV

Flu QIVc

Flu QIVe

Flu AQIV

1. Reason vaccination is required  \*

New to Area

Vaccination not received under normal pathway

Patient Request

Other

1. If Other, Please specify

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1. Does this patient have any allergies, or medical conditions that the immunisation team should be aware of?

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1. Please provide any additional information that will assist with this referral, e.g. vaccine schedule, vaccine dose.

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1. Name of person completing this form \*

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1. E-mail address of person completing this form \*

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Please e-mail the completed form as follows:

Aberdeen City Patients to: [Gram.citycovid19immsteam@nhs.scot](mailto:Gram.citycovid19immsteam@nhs.scot)

Aberdeenshire Patients to: [gram.TLvaxshire@nhs.scot](mailto:gram.TLvaxshire@nhs.scot)

Moray Patients to: [Gram.vaccreferralsmoray@nhs.scot](mailto:Gram.vaccreferralsmoray@nhs.scot)

**Thank you for submitting this vaccination request.**

Local immunisation teams will contact the patient