

# Castle Donington Surgery

53 Borough Street Castle Donington  
Derby DE74 2LB

Dr H Godridge

Dr J Ward-Campbell

Dr J Young

Dr A Woodgate

Dr S Kudhail

Phone

01332 856050

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castledoningtonsurgery@nhs.net

24/09/2020

Dear Patient

Due to the challenges posed by Covid-19 the clinic process is different this year. In order to keep everyone as safe as possible we would be grateful if you would carefully note the following information:

- Please wear a face covering when you attend your appointment
- Attend alone if possible, unless you require a carer to be with you
- Wear a short sleeved top and remove outer garments/cardigans once in the waiting room
- Please arrive on time, neither early nor late and wait outside the surgery to be invited in
- If possible, please walk or get a lift to the surgery, as there is limited parking available
- Bring this letter along with the signed consent form with you, as it is required for appointment confirmation and provides your consent for the vaccination
- You may want to bring an umbrella in case of inclement weather, as you will have to queue outside the surgery until a member of staff invites you in
- Once invited inside you will be directed to the waiting room. Social distance signage is in place. Please note there will be no chairs in the waiting room; it will be standing only
- Please sanitise your hands with the sanitiser provided
- You will be directed to a room where a clinician will give you the vaccination at the entrance to the room – please have this letter ready to give to the clinician
- Don't attend if you are unwell, either generally or experiencing Covid-19 symptoms: a temperature, cough, loss of sense of smell or taste or self-isolating due to household member having Covid-19. We will arrange another appointment for you if you are unwell. If you have a minor illness **without a temperature** you can have a flu vaccination
- If you have any questions or concerns regarding the vaccination, please ring the day before your appointment and ask to speak to the practice nurse
- ***If you were classed as a shielded patient by the government it is recommended that your whole household has a flu vaccination this year and they should telephone the surgery to book an appointment***
- Be aware that any of the above could be subject to change depending on rapidly changing advice



This surgery is part of the West Leicestershire Clinical Commissioning Group





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If you require any assistance, seating, have mobility issues or any other additional needs or questions, we would be grateful if you would telephone the surgery in advance of your appointment.

We aim to provide as safe and smooth a service as possible and your co-operation with the above would be much appreciated.

## **Possible side effects after the flu vaccination**

Pain, swelling or redness at the injection site, low-grade fever, malaise, shivering, fatigue, headache, myalgia and arthralgia are among the commonly reported symptoms after intramuscular vaccination. A small painless nodule (induration) may also form at the injection site. Simple analgesia such as paracetamol may be taken to relieve symptoms.

Yours sincerely

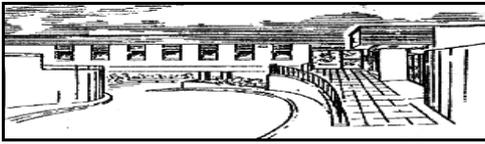
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## Consent form for influenza vaccination

Please answer the following questions:

	Yes	No
1. Have you had a severe reaction to previous flu vaccines?		
2. Are you having treatment for, or are aware of, a bleeding disorder?		
3. Are you undergoing chemotherapy? <b>Please check with your consultant if necessary before your appointment, otherwise we may not be able to give you a flu vaccination</b>		

### Possible side effects after the flu vaccination

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### I agree to the administration of influenza vaccination

Name of patient: .....

Date of birth: .....

Signature: .....

Due to Covid-19 we have been asked to record a patient's ethnicity on their record and would be grateful if you could tick the relevant box.

Please choose one that best describes your ethnic group or background						
White British	<input type="checkbox"/>	White Irish	<input type="checkbox"/>	Other White:		
Black Caribbean	<input type="checkbox"/>	Black African	<input type="checkbox"/>	Other Black:		
Asian Indian	<input type="checkbox"/>	Asian Pakistani	<input type="checkbox"/>	Other Asian:		
Mixed White & Black Caribbean	<input type="checkbox"/>	White & African	<input type="checkbox"/>	White & Asian	<input type="checkbox"/>	Other: Please Specify



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