

FRESSINGFIELD & STRADBROKE MEDICAL CENTRES

Tel: Fressingfield (01379) 586456

Tel: Stradbroke (01379) 384220

FILL OUT YOUR INFORMATION BELOW	
FULL NAME	
ADDRESS	
DATE OF BIRTH	

EMIS Number: _____ (OFFICE USE ONLY)

We are writing to you to invite you to have a vaccination against influenza, as you may be at greater risk of the serious complications of flu.

FLU CLINICS FOR OVER 65's ONLY (or if you turn 65 before 31/3/2022)

LOCATION: STRADBROKE COMMUNITY CENTRE, WILBY ROAD, STRADBROKE, IP21 5JN
(OPPOSITE STRADBROKE MEDICAL CENTRE)

DATE: SATURDAY 2nd OCTOBER 2021

TIME: DEPENDENT ON YOUR SURNAME – PLEASE SEE BELOW

ATTEND BETWEEN	FOR SURNAMES BETWEEN	ATTEND BETWEEN	FOR SURNAMES BETWEEN
8:30 - 8:45am	KA - KZ	8:45 - 9:00am	LA - LE
9:00 - 9:15am	LF - LZ	9:15 - 9:30am	MA - MB
9:30 - 9:45am	MC	9:45 - 10:00am	MD - MO
10:00 - 10:15am	MP - MZ	10:15 - 10:30am	N
10:30 - 10:45am	O	10:45am to 11am	PA - PE
11:00 - 11:15am	PF - PO	11:15am to 11:30am	PP - PZ
11:30 - 11:45am	Q & RA - RH	11:45 - 12noon	RI - RZ
12 - 12:15pm	SA	12:15 - 12:30pm	SB - SE
1 - 1:15pm	SF - SL	1:15 - 1:30pm	SM
1:30 - 1:45pm	SN - SZ	1:45 - 2pm	TA - TH
2 - 2:15pm	TI - TZ & U & V	2:15 - 2:30pm	WA - WD
2:30 - 2:45pm	WE - WH	2:45 - 3pm	WI - WN
3 - 3:15pm	WO - WZ & X, Y & Z		

WE CAN ONLY VACCINATE IF YOU BRING THIS LETTER WITH YOU

PLEASE WEAR A FACE MASK/FACE COVERING

FLU CLINIC - FREQUENTLY ASKED QUESTIONS

Why is the flu clinic only available at Stradbroke? Many practices are using Community Centres for this years' flu clinics as practice's own premises do not allow enough space for social distancing. We needed a venue that had; car parking with two lanes for cars to enter and exit safely, was near a Medical Centre to allow access to the vaccines (which are temperature controlled). Stradbroke Community Centre was the only venue that could offer all of this.

What time should I attend the clinic? It is against your surname; i.e. if it alphabetically falls between Macarty & Mayhew you would attend the time slot for MA - MB or, between Page & Peterson you would attend the time slot for PA – PE and so on.

Someone is bringing me to the clinic but they have a different surname - can I attend the clinic at a different time than the time slot allocated to me? Yes, but where possible please try to attend the time slot that pertains to your surname.

Why haven't those patients aged under 65 been invited to these clinics? Eligible patients aged under 65 receive a different type of flu vaccine so we run separate clinics for these patients. We will contact all eligible patients inviting them to a clinic for their age group.

I hear that those patients aged 50 to 64 without an underlying health condition are eligible for a free flu vaccination again this year? Practices are receiving the vaccines for this cohort later in October. We will contact these patients in October to invite them to a clinic.

I have heard there will be a Covid Booster jab? The Government have not yet confirmed their plans for this.

If you have any difficulties with mobility and need assistance please speak to the car park attendants when you arrive

I am unable to make the flu clinic - Please ring us in the week commencing the 4th October. We are expecting high demand for the vaccine this year and need to wait until after the flu clinics to determine how many vaccines we have left. We will not be able to arrange an alternative appointment until then.

To ensure the clinic runs smoothly, please wear a short sleeve top under your outer clothes.

CONSENT FORM – YOU MUST SIGN THE BELOW AND BRING THIS LETTER WITH YOU TO THE FLU CLINIC.

I agree to receive the flu vaccine and I confirm:

- I am not unwell and do not have a raised temperature or any other symptoms of Covid19
- I am not allergic to eggs, albumin or feathers.
- I have not had any previous reactions to the flu vaccine
- I have not already had a vaccination against the flu since the 1st September 2021
- If I am on Warfarin, Phenytoin or Theophylline I will tell the nurse before they vaccinate me.

PATIENT SIGNATURE:

OFFICE USE ONLY –

Date & Time of Vaccine:

Site Given (Please tick box*): Left OR Right Deltoid Muscle

Patients Temperature

Signature of vaccinator:

PLACE STICKER FROM VACCINE BELOW: