

Bournbrook Varsity Medical Centre

1A Alton Road, Selly Oak, Birmingham B29 7DU

Tel: 0121 472 0129

Open Monday to Saturday

Dr C Allen - Partner, Dr M Swallow - Partner

Dr M Philp, Dr A Nijjar, Dr H Cole, Dr S Ali, Dr S Clarke, Dr J Tatlock, Dr N Ahmad, Dr A Dungate, Dr N Grant - Associates

Title Initial Last Name
Home Address House Name/Flat Number
Home Address Number and Street
Home Address Village
Home Address Postcode

Your annual flu vaccination is now due

According to our records you are eligible for a flu vaccination this year. It is the best protection against an unpredictable virus which can cause serious illness. The vaccination is free and lasts one year, most people who are offered the vaccine choose to be immunised.

We are pleased to be able to invite you to our flu clinics for patients aged 18-64 years. We have set up clinics especially for flu vaccine provisions which you can book into now.

How to book your appointment:

- 1. Self-Book Link-** If you have received this letter via SMS you can use the self-book link for 7 days to find an appointment
- 2. Phone-** Ring our Reception team on 0121 472 0129

If you have a health condition which causes you to be immunocompromised members of your household are also eligible to receive the flu vaccination. Please let us know if this is the case.

For more information about flu and the vaccination programme please visit:

<https://www.nhs.uk/conditions/vaccinations/flu-influenza-vaccine/>

If you do not wish to be vaccinated this season please let us know so that we can remove you from our recall list for this year.

Yours sincerely

Bournbrook Varsity Medical Centre

Please complete this section and bring it with you when you attend for your vaccination

| | |
|-------------------|------------------------|
| Name: | D.O.B: |
| Ethnicity: | Smoking Status: |
| Height: | Weight: |

Staff Only:

| |
|--|
| <input checked="" type="checkbox"/> ELIGIBLE FOR QUADRIVALENT VACC |
| Site: L arm R arm |
| Batch: |
| Exp: |

Disclaimer: If you do not wish to have the seasonal influenza vaccination please sign and return the section below

NAME: _____ **DOB:** _____

I do not wish to have the seasonal influenza vaccination this season (2023) (*please tick if applicable*)

Signed: Date: