

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

Your GP recommends that you have the flu jab. It is the best protection against an unpredictable virus which can cause serious illness and death. The vaccination is **free**. Last year, most people offered the vaccine chose to be immunised.

Our records indicate that you are pregnant. Flu infection in pregnancy puts your baby at increased risk of being born prematurely or with a low birthweight. In serious cases it can even lead to stillbirth or death. By being immunised, these risks may be reduced. This protection extended into the first few months of life when babies are most vulnerable but too young to have a flu jab themselves. The flu jab also helps protect pregnant women directly from the complications of flu. Studies have shown that it's safe to have the flu vaccine during any stage of pregnancy – I therefore recommend being immunised as soon as possible.

We have set up clinics especially for flu vaccine provisions which you can book into now.

- 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

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

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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: