# Bournbrook Varsity Medical Centre

**1A Alton Road, Selly Oak, Birmingham B29 7DU**
**Tel: 0121 472 0129**
***Open Monday to Saturday***
***Dr C Allen, Dr M Swallow, Dr A Dungate, Dr S Clarke - Partners***
***Dr M Philp, Dr A Nijjar, Dr H Cole, Dr S Ali, Dr J Tatlock, Dr N Ahmad, Dr N Grant, Dr E Al-Shammary - Associates***

Title Initial Last Name
Home Full Address (stacked)

## Your annual flu vaccination is now due

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 extends 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 – we therefore recommend being immunised as soon as possible.

The vaccination is **free** and recommended for those most at risk from flu. This includes:

- children aged 2 to 3 years old on 31 August 2026
- pregnant women
- people living with certain long-term medical conditions
- everyone aged 65 years and over
- people who receive a carer's allowance, or are the main carer for an older or disabled person who may be at risk if the carer gets sick
- close contacts of immunocompromised individuals

**How to book your appointment:**

1. If you have been sent an SMS invitation you can click on the link in the message to book an appointment
2. Or call our Reception team on 0121 472 0129 to book in.

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:**

| ☒ ELIGIBLE FOR TIVc |
|---|
| Site: L arm R arm |
| Batch: |
| Exp: |

**Disclaimer: If you <u>do not</u> wish to have the seasonal influenza vaccination please sign and return the section below**

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**NAME:** _____ **DOB:** _____

I <u>do not</u> wish to have the seasonal influenza vaccination this season (2026-27) ☐ *(please tick if applicable)*

Signed: …… Date: …….....