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

Flu vaccination provides the best protection against an unpredictable virus which infects many people and can cause serious illness and death each year.

The vaccination is **free** and recommended **yearly** 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- if you are immunocompromised members of your household will also be eligible to receive the flu vaccination.

Primary school aged children and secondary school children in Years 7 to 11 will be offered the vaccine at school.

How to book your appointment:

1. If you have been sent an SMS invitation you can click on the link in the message.
2. Or call 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:

☒ 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: …….....