**Covid-19 Vaccination Referral Form (Children Aged 6 Months to 4 Years)**

Please complete the table below:

|  |  |
| --- | --- |
| Child Name |  |
| Child DOB |  |
| NHS number |  |
| Address |  |
| GP Surgery |  |
| Parent/legal guardian name and contact number |  |

**Please** **indicate if the child is in the clinical risk group(s) below:**

|  |  |  |
| --- | --- | --- |
| **Clinical risk group** | **Yes/no** | **If yes, then please provide details** |
| Chronic respiratory disease |  |  |
| Chronic heart condition |  |  |
| Chronic neurological condition |  |  |
| Endocrine disorder |  |  |
| Immunosuppression |  |  |
| Asplenia or dysfunction of the spleen |  |  |
| Serious genetic abnormalities that affect a number of systems |  |  |
| Other condition not listed above |  |  |
| Please tick preferred location for vaccination  Royal Berkshire Hospital (Berkshire West patients)  Townlands Hospital, Henley (Oxfordshire patients)  Stoke Mandeville Hospital (Bucks patients)  Banbury Cross Health Centre (Banbury patients) | | |

Do any of the below apply to the child?

**Is there any further information you wish to provide regarding the child’s medical condition(s) or vaccination?**

|  |  |  |
| --- | --- | --- |
|  | **Yes/no** | **If yes, then please provide details** |
| Previous COVID vaccine |  |  |
| Anaphylaxis to a Covid-19 vaccination |  |  |
| Anaphylaxis to any other product |  |  |
| Has the patient developed Paediatric multi-system inflammatory syndrome (PIMS-TS) temporarily associated with COVID Infection |  |  |

Once completed this form should be emailed to the relevant centre and a member of the vaccination team will be in contact to discuss the child and make an appointment into a vaccination clinic.

**PATIENTS OF BUCKINGHAMSHIRE GP PRACTICES** [bht.covidvaccineteam@nhs.net](mailto:bht.covidvaccineteam@nhs.net)

**PATIENTS OF BERKSHIRE WEST GP PRACTICES** [rbb-tr.vaccination.booking@nhs.net](mailto:rbb-tr.vaccination.booking@nhs.net)

**PATIENTS OF OXFORDSHIRE GP PRACTICES (excluding patients of practices in Banbury)** [rbb-tr.vaccination.booking@nhs.net](mailto:rbb-tr.vaccination.booking@nhs.net)

**PATIENTS OF GP PRACTICES IN BANBURY (Banbury Cross Health Centre; Windrush Surgery; Woodlands Surgery, Hightown Surgery)** [Covid.manager@nhs.net](mailto:Covid.manager@nhs.net)

**Vaccination Guidance from Sept 2024**

Children in clinical risk groups are eligible for a booster (1 dose) during the Autumn/Winter 2024 campaign, minimum of 6 months from any previous vaccination.

Newly immunocompromised children are eligible for primary course and 3rd dose vaccinations at any time of year