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)

You are due for your COVID-19 and flu vaccinations

Why are these vaccines important?
COVID-19 and flu are viruses that can lead to serious illness and even hospital care. Getting vaccinated is a simple and safe way to protect yourself and the people around you.

Why am I being invited for these vaccinations?
You are being offered the COVID-19 and flu vaccines because you are in a group at higher risk of becoming seriously ill from these viruses. To see the full list of who is eligible, please visit:
https://www.nhs.uk/vaccinations/flu-vaccine/
https://www.nhs.uk/vaccinations/COVID-19-vaccine/

How to get your vaccine(s):

1. **Book an appointment-** During October if you have a mobile number you will receive an SMS invitation with a booking link to arrange an appointment or alternatively ring our Reception team on 0121 472 0129.

2. **Home visits**- If we have you recorded as a housebound patient we will contact you directly to arrange a suitable date and time.

If you do not wish to be vaccinated this season for one or both of the vaccines please let us know so that we can remove you from our recall lists.

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 aTIV	☒ ELIGIBLE FOR COVID-19
Site: L arm R arm Batch: Exp:	Site: L arm R arm Batch: Exp:

Flu 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: …….....

COVID-19 Disclaimer: If you <u>do not</u> wish to have the COVID-19 vaccination please sign and return the section below

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NAME: _____ **DOB:** _____

I <u>do not</u> wish to have the COVID-19 vaccination this season (2026-27) ☐ *(please tick if applicable)*

Signed: …… Date: …….....