

# Antibiotic Checklist

Help us to Keep Antibiotics Working.

Please tick

Administering the flu vaccine. *Please tick as appropriate.*

- ☐ I have discussed flu vaccine eligibility with the patient.
- ☐ I have given the flu vaccine on site.

## The Antibiotic Checklist has not been fully completed because:

- ☐ the patient's representative did not know the information.
- ☐ the antibiotics are supplied by delivery service.  
*Consider including a patient information leaflet with the prescription.*
- ☐ the antibiotics are already dispensed.
- ☐ the patient declined.
- ☐ other reason. *Please write the reason in the space below.*



Antibiotic resistance is one of the biggest threats facing us today.  
Your actions through use of this Antibiotic Checklist will help Keep Antibiotics Working.  
Find out more and make your pledge at [www.AntibioticGuardian.com](http://www.AntibioticGuardian.com)



**GIG**  
CYMRU  
**NHS**  
WALES

Iechyd Cyhoeddus  
Cymru  
Public Health  
Wales



**TARGET**  
Keep Antibiotics Working

## Are the antibiotics for you?

yes ☐ no ☐

*If they are not for you, please fill in the rest of this form for the person named on the prescription.*

## Are you taking any other medicines?

yes ☐ no ☐ don't know ☐

## Have you taken antibiotics in the last 3 months?

yes ☐ no ☐ don't know ☐

## Are you allergic to any antibiotics?

yes ☐ no ☐ don't know ☐

*If yes, please provide the following information about your allergy:*

Antibiotic name →  Type of allergy →

## Do you have one of these common infections? Tick ☒ if yes.

chest <input type="radio"/>	throat <input type="radio"/>	ear <input type="radio"/>	urine <input type="radio"/>	tooth <input type="radio"/>	skin <input type="radio"/>

## Or something else?

*Please indicate here.* →

## Does this describe you? Tick ☒ if yes.

problem with kidney function <input type="radio"/>	problem with liver function <input type="radio"/>	breast feeding <input type="radio"/>	pregnant <input type="radio"/>	over 65 <input type="radio"/>

## Have you had a flu vaccine this year?

yes ☐ no ☐ don't know ☐

*Your pharmacist can tell you about the things that you can do to help you get better, and give you a leaflet with more information.*

**Please let your pharmacist know if you need this information in a different language.**

*Please continue overleaf* →

