

Nurse's name: \_\_\_\_\_

Nurse's signature: \_\_\_\_\_

Clinic location: \_\_\_\_\_

Note: Remember to record influenza dose #2 for children who turn 9 in current influenza season if they had their first dose at 8 years of age.

Date (YYYY-MM-DD)	Age * Indicate <b>high risk (HR)</b> or <b>household contact (HH)</b> for ages 5 to 64 years				PHN • Required for children's (6 months to 8 years) influenza immunizations. • Required for all pneumococcal immunizations	Name (LAST, First)	DOB (YYYY-MM-DD)	Phone #	Site LA/RA/LL/RL/IN (intranasal)					Lot #	Second dose required (Y/N)	Informed consent	Name of person providing informed consent for <b>MINOR</b> or for those that are <b>INCAPABLE</b> of providing consent (LAST, First)	Relationship (M - Mother, F - Father, G - Guardian)	Provider's Initials	Entered in Electronic Medical Record (EMR)
	*6 months to 8 years	*9 to 18 years	*19 to 64 years	65 years or older					Pneumo (P) (Subcutaneous/IM) (Site)	Flumist	Fluviral	Fluzone	Influvac							
<b>Totals</b>																				

