northern health
the northern way of caring

Influenza and Pneumococcal Immunization Clinic Tally

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 (YY-MM-DD)	Age * Indicate high risk (HR) or household contact (HH) 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								Lot #	Second dose required	Informed consent obtained	Name of person providing informed consent for **MINOR** or for those that are **INCAPABLE** 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 (SC/IM) / Site	Agriflu	Fluad	Flulaval	FluMist	Fluviral	Fluzone		Fluzone HD*						
																		(P) ☐	☐					☐
																		(P) ☐	☐					☐
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																		(P) ☐	☐					☐
Totals								**Totals**																

Legend: SC - subcutaneous IM - intramuscular P - pneumococcal

*For Long Term Care Facilities and Assisted Living