



(Hand in to BPM after each clinic)

Influenza Immunization at Clinics

Page ____ of ____

Clinic Date:									
Nurse's name:			Clinic location:						
Note: This form is used for the purpose of inventory reconciliation for influenza vaccine.									
Product Name:							Entered in Electronic Medical Record (EMR)	Dose Wasted	
Lot Number:									
Tally	Note: Use one row per client						<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	
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							<input type="checkbox"/>	<input type="checkbox"/>	
							<input type="checkbox"/>	<input type="checkbox"/>	
	Totals								

