

PATIENT NAME: _____ DATE OF BIRTH: _____

---↓↓↓ FOR OFFICE USE ONLY ↓↓↓---

DATE ADMINISTERED: _____

VFC

Influenza

Exp.Date: _____

SITE ADMINISTERED:

LUE _____

LLE _____

RUE _____

RLE _____

High Dose Influenza

Exp.Date: _____

SITE ADMINISTERED:

LUE _____

LLE _____

RUE _____

RLE _____

Pneumococcal

Exp.Date: _____

SITE ADMINISTERED:

LUE _____

LLE _____

RUE _____

RLE _____

ADMINISTERED BY:

- Christy Blank, RN _____
- Shirley Young, RN _____
- Melissa Logsdon, RN _____
- Patricia Rather, RN _____
- _____ _____
- _____ _____
- _____ _____

COMMENTS: _____

