

Name	DOB yy.mm.dd	Check ALL Boxes that apply							Seasonal Influenza Vaccine					PNEUMOVAX® 23 (document in chart)			Date yy.mm.dd	HCP Initials
		6 mo- 8 Yr *		9 - 18 Yr	19 - 64 Yr	65+ Yr	HCP**	Dose (ml)	Route	Site	Lot #	1. FLUMIST® QUADRIVALENT 2. FLUZONE® QUADRIVALENT 3. FLUVIRAL® 4. INFLUVAC®	Dose (ml)	Route	Site	Lot #		
		1	2															
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
TOTAL																		

* < 9 years of age **with no previous doses** of seasonal influenza vaccine require 2 doses given 28 days apart

**HCP= Health Care Professional

Route: **IM** = Intramuscular, **SC** = Subcutaneous (PNEUMOVAX® 23)

IN = Intranasal (FLUMIST® QUADRIVALENT is not approved for those < 2 years of age)

Site: **RL** = Right Leg, **LL** = Left Leg, **RA** = Right Arm, **LA** = Left Arm

HCP Name (Print)	HCP Signature/Designation	HCP Initials