

Name	DOB YYYY/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. Fluzone Quadrivalent 2. Flumist Quadrivalent 3. Agriflu 4. Fluviral 5. Fluad 6. Fluzone High- Dose	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)

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

FNHA Immunize (CDPPH) August 2020

HCP Name (Print)	HCP Signature/Designation	HCP Initials