

The purpose of this log is to assist with completion of the annual Immunization Coverage Reporting Form (ICRF) Parts D and E (Seasonal influenza immunization delivered in Community; Seasonal Influenza Immunization for all Health Care Workers). Please document influenza and pneumococcal vaccines in individual charts as per best practice documentation standards.

Name	DOB YYYY/MM/DD	Seasonal Influenza Vaccine Check all boxes that apply										PNEUMOVAX® 23 (document in chart)				Date yy.mm.dd	Provider (initials, designation)	
		6 mo- 8 Yr*		9 - 18 Yr	19 - 64 Yr	65+ Yr	HCW**	Dose (mL)	Route	Site	Lot #	1. Flumist Quadrivalent 2. Flulaval Tetra 3. Afluria Tetra 4. Fluzone Quadrivalent 5. 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

**HCW = Health Care Worker

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

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

Date	Provider Full Name (Printed)	Provider Legal Signature & Designation	Provider Initials