List of Residents Vaccinated during the Annual Influenza Immunization Campaign

From: October ___ , _____ To: January ___, _____ Page __ of __

Brand name or manufacturer of vaccine: _____

Unit No.	Rm. No.	Bed No.	Last Name, First Name	Date Administered	Lot No.	Vaccinated By

Note: The vaccination information summarized here should also be duplicated in each resident's immunization record.