

Record of Recipients of Influenza Vaccine Tally Form 2019-2020 – FOR EMPLOYEES

Indicate the number of persons receiving vaccine in the age appropriate column.

Date Administered (MM/DD/YY)	Clinic Site	Vaccine Lot#	Age Group	Influenza Immunization Tally Form			
				Employee	Contracted Physician	Medical Residents/ Interns/Clerks	Other**
			9 -19 yrs				
			20-44 yrs				
			45-64 yrs				
			65+ yrs				
			9 -19 yrs				
			20-44 yrs				
			45-64 yrs				
			65+ yrs				

** Other = volunteers, health studies students, food services, catering, security who regularly work at your facilities

Immunizer: _____

Telephone: _____