

Record of Recipients of Influenza Vaccine Tally Form 2019-2020
 Indicate the number of persons receiving vaccine in the age appropriate column.

Date Administered (MM/DD/YY)	Clinic Site	Vaccine Lot#	Influenza Immunization Tally Form									
			6 months - 4 yrs			5 yrs - 8 yrs			9 -19 yrs	20-44 yrs	45-64 yrs	65+ yrs
			Only 1 dose required	1 st dose	2 nd dose	Only 1 dose required	1 st dose	2 nd dose				

Immunizer: _____

Telephone: _____