Resident Influenza Vaccination Listing Form 2017/2018 (Make additional copies as needed)

Resident Information			Immunized	Not Immunized		
Last Name, First Name	Room	Birthdate	Date	Medical	Refused	Comment

(Make additional copies as needed)

Staff Information			Immunized	Not Imm	Not Immunized			
Last Name, First Name	Occupation	DOB	Date	Medical	Refused	Comment		

Volunteer Influenza Vaccination Listing Form 2017/2018 (Make additional copies as needed)

Volunteer Information		Immunized	Not Immunized			
Last Name, First Name	Floor	Birthdate	Date	Medical	Refused	Comment