**Resident Influenza Vaccination Listing Form 2018/2019** (Make additional copies as needed)

| Resident Information | | | Immunized | Not Immunized | | |
|---|---|---|---|---|---|---|
| **Last Name, First Name** | **Room** | **Birthdate** | **Date** | **Medical** | **Refused** | **Comment** |
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**Staff Influenza Vaccination Listing Form 2018/2019** (Make additional copies as needed)

| Staff Information | | | Immunized | Not Immunized | | |
|---|---|---|---|---|---|---|
| **Last Name, First Name** | **Occupation** | **DOB** | **Date** | **Medical** | **Refused** | **Comment** |
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**Volunteer Influenza Vaccination Listing Form 2018/2019** (Make additional copies as needed)

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