

Resident Influenza Vaccination and Prophylaxis Tracking Form

Date : _____

Facility/ Unit: _____

<i>Resident Name / MRN</i>	<i>Room</i>	<i>Age</i>	<u><i>Consent Vaccine</i></u> Yes/No	<i>Reason for refusal</i>	<i>Vaccine / lot number</i>	<i>Site</i>	<u><i>Consent Prophylaxis</i></u> Yes/No	<i>Weight (kg) / Date</i>	<i>Creatinine Level / Date</i>	<i>Dr.'s name for treatment or comment</i>