

Pandemic (H1N1) 2009 Influenza Vaccination

VACCINE SERVICE PROVIDER DOSE ADMINISTRATION SUMMARY

Please complete the line listing below for each patient vaccinated (one line for each). Place a tick in the Priority Group box(es) that apply to each patient.

**Please fax form to: 3328 9721 or 33289720
on Tuesday and Thursday of each week**

Vaccine Service Provider (VSP) details

VSP Number: _____

Postcode: _____

Phone: _____

Contact Person: _____

Number	Date	Patient's Initials	Age	Sex	Priority Group (tick all that apply)							
					Pregnant	Indigenous	Obese (BMI >35)	Chronic Disease	Child in Special School	Parent of 0-6 month infant	Health Care Worker	None
1												
2												
3												
4												
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20												

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