



Interior Health

For Facility Use Only

INFLUENZA IMMUNIZATION - RESIDENT RECORD

FACILITY:
UNIT/FLOOR/DEPARTMENT:

Use this template if needed to track resident immunizations.

List all clients per unit/floor/department. Enter the date of influenza vaccine or indicate medical contraindications. If no date is entered, the client is assumed to be unvaccinated. Please keep this record on file.

Name	Vaccine	Lot #	Site eg. LA/RA	Immunization Date	Provider Details	Medical Contraindication