## SAMPLE CHART FOR OPTIONAL USE ONLY CUMULATIVE ANNUAL STATISTICS ON IMMUNIZATION AGAINST SEASONAL INFLUENZA VIRUS

(OPTIONAL: NOT REQUIRED TO BE USED. Use separate form for employees.)

#### RESIDENTS OR ADULT DAY HEALTH CARE REGISTRANTS REPORTING PERIOD: September 1 - March 31

RESIDENT OR REGISTRANT NAME	WAS RESIDENT OR REGISTRANT IMMUNIZE AGAINST INFLUENZA VIRUS?  (Check yes or no)		IF NOT IMMUNIZED AGAINST INFLUENZA, THE REASON IS (Check as many as apply)			
	YES	NO	REFUSED	MEDICALLY CONTRAINDICATED	RELIGIOUS BELIEFS	
Totals:						

## SAMPLE CHART FOR OPTIONAL USE ONLY CUMULATIVE ANNUAL STATISTICS ON IMMUNIZATION AGAINST SEASONAL INFLUENZA VIRUS

(OPTIONAL: NOT REQUIRED TO BE USED. Use separate form for residents/registrants.)

#### EMPLOYEES REPORTING PERIOD: September 1 - March 31

EMPLOYEE NAME	WAS EMPLOYEE IMMUNIZED AGAINST INFLUENZA VIRUS? (Check yes or no)		IF NOT IMMUNIZED AGAINST INFLUENZA, THE REASON IS (Check as many as apply)			
	YES	NO	REFUSED	MEDICALLY CONTRAINDICATED	RELIGIOUS BELIEFS	
Totals:						

# SAMPLE CHART FOR OPTIONAL USE ONLY CUMULATIVE ANNUAL STATISTICS ON IMMUNIZATION AGAINST PNEUMOCOCCAL DISEASE (OPTIONAL: NOT REQUIRED TO BE USED)

RESIDENTS OR ADULT DAY HEALTH CARE REGISTRANTS REPORTING PERIOD: April 1 - March 31

RESIDENT OR REGISTRANT NAME	WAS RESIDENT OR REGISTRANT IMMUNIZED AGAINST PNEUMOCOCCAL DISEASE? (Check yes or no)			IF NOT IMMUNIZED AGAINST PNEUMOCOCCAL DISEASE, THE REASON IS  (Check as many as apply)			
	YES DURING THIS REPORTING PERIOD	PRIOR TO THIS REPORTING PERIOD	NO	NOT INDICATED AS PER ACIP GUIDELINES	REFUSE D	MEDICALLY CONTRAINDICATED	RELIGIOUS BELIEFS
TOTALS:							