

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

[illegible]

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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:					

