

Pandemic H1N1 2009 Vaccination Session Report Form

LHO: _____

Session Number: _____

Venue: _____ Date: ___/___/___

Address: _____

Vaccine	Manufacturer	Expiry Date	Batch No.

Temperature & Time at Start of Vaccination Session	Temperature & Time at End of Vaccination Session (prior to leaving MVC premises)

Total Number of Individuals Presenting for Vaccination	Number Vaccinated	Number Deferred

Name of vaccine	Number of vials used
Celvapan	
Pandemrix	

Completed By: _____ Date: _____

To be completed daily on completion of vaccination session.

**Please fax this form weekly to the National Immunisation Office
Fax Number 01-8682943**