# 2018-2019 FLU USAGE LOG
## VACCINES FOR CHILDREN (VFC) PROGRAM

VACCINES for CHILDREN CALIFORNIA VFC

**PIN:** _____ **Ordering Period:** __/__/__ **to** __/__/__

**INSTRUCTIONS:** Keep this log near your vaccines. Fill in today's date, patient info and then make a check for each vaccine administered. At the end of the day, write the number of vaccines administered under *Daily Total*. Before ordering vaccines, add up the daily totals since the previous order and record under *Order Period Total*. File all usage logs for three years.

| Today's Date | Patient Name (or medical record) | Date of Birth | Fluarix® 0.5 mL syringes | Flulaval® 0.5 mL syringes | Pediatric Fluzone® 0.25 mL syringes | Fluzone® (multidose vial) | Flucelvax® 0.5 mL syringes | Other Product (specify) |
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| | | **Daily Total:** | | | | | | |
| | | **Order Period Total:** | | | | | | |

Log taken by: _____ PAGE_____ OF _____