

2019-2020 FLU USAGE LOG

VACCINES FOR CHILDREN (VFC) PROGRAM

PIN: _____

Usage 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. Upon completion of this form, count the number of checks for each vaccine and write in the *Usage Period Total*. VFC flu vaccine usage since the previous order and current flu vaccine inventory must be reported with each vaccine order. File all usage logs for 3 years.

Today's Date	Patient Name (or medical record)	Date of Birth	Fluarix® 0.5 mL syringes	Flulaval® 0.5 mL syringes	Fluzone® 0.5 mL syringes	Flumist® 0.2 mL sprayer	Fluzone® 5mL multidose vial	FluLaval® 5mL multidose vial	Flucelvax® 0.5 mL syringes
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Usage Period Total:									