

School-Based Clinic Reporting Form: Multiple Clinic Locations, Same Day

Please submit completed form **within 24 hours** of close of clinic(s), by digital upload or fax. See instructions below.

- Upload document to eStudio
 1. In the "Reporting Forms" folder, open folder for your region
 2. Save your document in "Daily Data Sheets"
- **OR** you may fax to: 603-271-3850

Clinic Date: _____
Public Health Region: _____

Person Completing/Submitting Form: _____

Influenza Vaccine

1 a. Total Vaccinated Children (under age 19))	1 b. # of these children with MEDICAID	2 a. Total Vaccinated Adults (age 19 and older)	2 b. # of these adults with MEDICAID

Total Number of Patients Vaccinated (Influenza Vaccine): _____ (should equal 1a plus 2a)

Total Number of Consent Forms: _____

Immunization Clinic Site Name	Clinic 1 Name:	Clinic 2 Name:	Clinic 3 Name:	Clinic 4 Name:
Vaccine Type Used (Fluzone, Fluarix, etc.)				
Total Doses Wasted:				

Student Reporting (Child/Adolescent)

School:	City/Town:	Total Vaccinated (flu) under 19 years	Total Vaccinated with Medicaid	Notes:

Adult Reporting

Age Range:	City/Town:	Total Vaccinated (flu) 19 years and older	Total Vaccinated with Medicaid:	Notes:
19-29				
30-39				
40-49				
50-59				
60-69				
70-79				
80+				

Time/Date faxed/uploaded: _____ by: _____