

Vaccination Monthly Monitoring Form– Patient-Level Method

Record the number of patients for each category below for the month being reviewed.

*Facility ID# :			
*Vaccination type: Influenza	*Influenza subtype: <input type="checkbox"/> Seasonal <input type="checkbox"/> Non-seasonal	*Month:	*Year:
Patient categories		Number of patients in each category	
*1. Total # of patient admissions			
*2. Total # of patients aged 6 months and older meeting criteria for influenza vaccination			
3. Total # of patients previously vaccinated during current influenza season			
*4. Total patients not previously vaccinated during current influenza season (Box 2 - Box 3)			

Optional fields:

Label					
Data					