



Influenza Immunization at Routine Clinic Entered into CMOIS/MOIS

Note: This form is used for the purpose of inventory reconciliation

Nurse's name: _	urse's name: Clinic location:						for influenza vaccine documented in CMOIS/MOIS.		
Date (YY-MM-DD)	Influenza Product						Lot #	Entered in Electronic Medical Record (EMR)	
	Fluad	Flulaval	FluMist	Fluzone	Fluzone HD*				
Date (YY-MM-DD)	Influenza Product								
	Fluad	Flulaval	FluMist	Fluzone	Fluzone HD*		Lot #	Entered in Electronic Medical Record (EMR)	
Totals									
Wastage									