

FOR CLINIC USE ONLY

Inactivated Influenza Vaccines (IIV)	Adm Route: IM	Intranasal Influenza Vaccine (LAIV ₄)	Date Dose Administered:	Mfg:	Lot #	Exp Date:	VIS Date:	Signature of Nurse: _____ Date: _____
<input type="checkbox"/> Trivalent (IIV ₃)	LA / RA	<input type="checkbox"/>	/ /			/ /	/ /	Entry Clerk Initial: _____
<input type="checkbox"/> Quadrivalent (IIV ₄)	LA / RA	<input type="checkbox"/> FluMist						Date: _____