H1N1 VACCINE ACCOUNTABILITY TALLY SHEET

PIN # _____

		AGE GROUP (check one)							VACCINES ADMINISTERED (check only one)								DOSE # (check only one)	
NAME	DATE	6-23 mos	24-59 mos	5-18 Yrs	19-24 Yrs	25-49 Yrs	50-64 Yrs	≥65 Yrs	0.2mL FluMist - Thimerosal Free 2-49 Yrs	0.25mL - Thimerosal Free - PFS 6-35 mos	0.5mL - Thimerosal Free ≥36 mos	0.5mL - Multi-dose Vial ≥4 Yrs	5 mL - Multi-dose Vial ≥6 Mos	0.5mL - Thimerosal Free - PFS ≥4 Yrs	0.5mL - Thimerosal Free - PFS ≥18 Yrs	5 mL - Multi-dose Vial ≥18 Yrs	1	2