



Influenza Vaccine Tracking Form

YEAR: _____

Dialysis Facility: _____ Provider #: _____

Check () the boxes that apply

	Name of Patient	Received Flu Vaccine at Dialysis Facility	Allergic to Flu Vaccine	Refused Flu Vaccine	Received Flu Vaccine Outside Dialysis Facility
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
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17.					
18.					
19.					
20.					
21.					
22.					
23.					
24.					
25.					

YEAR: _____

Dialysis Facility: _____ Provider #: _____

Check () the boxes that apply

	Name of Patient	Received Flu Vaccine at Dialysis Facility	Allergic to Flu Vaccine	Refused Flu Vaccine	Received Flu Vaccine Outside Dialysis Facility
26.					
27.					
28.					
29.					
30.					
31.					
32.					
33.					
34.					
35.					
36.					
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42.					
43.					
44.					
45.					
46.					
47.					
48.					
49.					
50.					