



MOP UP CLINIC VACCINATION SESSION REPORT FORM

LHO _____

Clinic Name: _____	Date: / / (dd/mm/yyyy)
Clinic address: _____	Tel: _____

Emergency drugs and equipment checked _____

Signature: _____ Signature: _____

Vaccine (Brand name)	Batch Number 1	Batch Number 2	Batch Number 3

Add temperature and initials in space provided

Temperature & time	Before leaving HC	Start of session	End of session	On return to HC fridge
Box 1	Temp	Temp	Temp	Temp
Box 2	Temp	Temp	Temp	Temp
Box 3	Temp	Temp	Temp	Temp
Box 4	Temp	Temp	Temp	Temp

	Primary School Junior Infants	Second Level 1st Years	Special schools	Home Schooled	Out of Cohort	TOTAL
Number given 4 in 1 (Tdap/IPV)						
Number given MMR (routine)						
Number given 2 nd dose MMR						
Number given Tdap						
Number given Men ACWY						
Number given HPV 1 st dose						
Number given HPV 2 nd dose						
Number given HPV 3 rd dose						
OTHER vaccine given - specify below:						
Vaccine(s) given:						
Total number vaccinated						

Not vaccinated although valid consent and not contraindicated					
<i>DNA or absent</i>					
<i>Refused on the day</i>					
<i>Deferred</i>					
<i>Other</i>					

Session Start Time	Session Type	AM	PM	All day
Number of HSE staff at school Mop Up vaccination session:	doctors =	nurses =	admin =	

Signature of person filling in form:	Date: / /
Print name in block capitals:	

Definitions: Number given dose of vaccine = number vaccinated at HSE mop-up clinic

Outside cohort

4 in 1 and MMR = All children OUTSIDE OF Junior Infants on the school register on 30th September 2023 + special school children (i.e. born outside of 01/09/2018 and 31/08/2019) on the school register on **30th September 2023**.

HPV, Tdap and Men ACWY = Number of **students OUTSIDE of 1st year** (of second level school) on school register on **30th September 2023 AND** number of students in special schools (i.e. born outside **01/09/2010 and 31/08/2011**) who are on the special school register on **30th September 2023**.