

						LHO	LHO				
Clinic Name:						Date:	Date: / / (dd/mm/yyyy)				
Clinic address:						Tel:	Tel:				
Emergen	cy drugs and equipment c	:hecked									
Signature:					gnature:						
	Vaccine (Brand name)		Batch Number 1			Batc	h Number 2	Ва	Batch Number 3		
1											
2											
3	aratura and initials in a	ann provided									
	perature and initials in sp mperature & time		Start of sess	ion	Fnc	End of session		On return to HC fridge			
Box 1		Before leaving HC Temp		Temp			Temp		Temp		
Box 2		Temp		Temp		Temp		Temp			
Box 3		Temp		Temp		Temp		Temp			
Box 4		Temp		Temp	•			Temp			
(Add vaccine name) —			I	<u></u>		Temp		<u>'</u>	TOTAL		
Number given vaccine 1st dose (if applicable)											
Number g	iven vaccine 2 nd dose (if a										
	iven vaccine 3rd dose (if a										
Total num	ber vaccinated							-			
Not vacci	inated although valid cou licated										
DNA or absent											
Refused on the day											
Deferred											
Other											
Session Start Time Session			Туре	AM	РМ	All day					
Number of HSE staff at school Mop Up vaccinationsession: doctors = nurses = admin =											
Signature of person filling in form: Date: / /											
Print nam	e in block capitals:										

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

March 2023