



MOP UP CLINIC VACCINATION SESSION REPORT FORM

LHO _____

LHO: _____					Date: / / (dd/mm/yyyy)						
Clinic Name: _____											
Clinic address: _____											
					Tel: _____						
Emergency drugs and equipment checked _____											
Signature: _____					Signature: _____						
Vaccine (Brand name)			Batch Number 1			Batch Number 2			Batch Number 3		
<i>Add temperature and initials in space provided</i>											
Temperature & time		Before leaving HC		Start of session		End of session		On return to HC fridge			
Box 1	Temp		Temp		Temp		Temp		Temp		
Box 2	Temp		Temp		Temp		Temp		Temp		
Box 3	Temp		Temp		Temp		Temp		Temp		
Box 4	Temp		Temp		Temp		Temp		Temp		
		Primary School Junior Infants	Second Level First Years	Special schools	Home Schooled	Out of Cohort	TOTAL				
Number given 4 in 1											
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 given:											
Total number vaccinated											
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