



PILOT Administration of Flu Vaccination School vaccination session report form

LHO _____

School Roll Number		Date: / /
School Name:		
School address:		
Principal:		
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	

LAIV

	Junior Infants	Senior Infants	1st Class	2nd Class	3rd Class	4th Class	5th Class	6th Class
Target population								
Previously vaccinated								
Number vaccinated in school								
Total number given vaccine								
Number contraindicated								
No consent								
Consent refused by parent								
Form not returned								
Other (eg consent missing vital clinical information so is not valid or signed by someone other than legal guardian)								
Not vaccinated although valid consent and not contraindicated								
DNA or absent								
Refused on the day								
Deferred								
Other								
Number identified as needing a 2 nd dose of LAIV								

Number referred to mop-up clinic				
Session Start Time	End 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: _____				

Refer to the "Flu Vaccine for children 2021/22" algorithm to identify children who require a 2nd dose of LAIV or are contraindicated for LAIV and recommended a QIV instead. <https://bit.ly/LAIV2122Alg>