



LAURA BRENNAN HPV CATCH UP 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		
					TOTAL				
Number given HPV 1 st dose									
Number given HPV 2 nd dose									
Number given HPV 3 rd dose									
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