



Arkansas Department of Health

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2008-09 Influenza Vaccine Documentation

Purpose: For use in clinics to document influenza vaccine received.

Date Influenza Vaccine Received: _____

This patient, _____, has received a dose of
influenza vaccine (FluMist or Fluzone).
circle as appropriate

Vaccine Administrator Signature _____

Clinic Name/City _____

Note: For children aged 2 through 8 years of age who are receiving LAIV (or trivalent inactivated vaccine) for the first time, two doses administered at least 4 weeks apart are recommended. Those children who only received one dose of flu vaccine in any previous influenza season should receive two doses this year. Please contact your primary care physician or your local health unit in 4 weeks if your child needs a second dose of influenza vaccine this year.