

NO LONGER NEEDED 2/24/14 -



INFLUENZA & PNEUMONIA VACCINATION
 INFORMATION FOR CALENDAR YEAR _____
 Revised Nov 2002

FACILITY NAME: _____

LICENSE #: _____

Total Number of Residents Receiving Care or Services During the Calendar Year: _____

Number of Residents Died/Discharged Prior to Influenza Immunization: _____

Number of Residents Died/Discharged Prior to Pneumococcal Immunization: _____

	Flu Vaccine	Pneumonia Vaccine
Number of residents that received:		
Reason for not receiving vaccine:	(Enter numbers below)	(Enter numbers below)
Contraindicated		
Religious Beliefs		
Resident refused		
Allergies		
Illness/medical condition		
Vaccine unavailable		
Had previously/not due		
Family refused		
POA refused		
MD refused		
No consent		
Admitted after flu season		
Other (please list):		

	Flu-Like Symptoms	Confirmed Flu (by laboratory testing)	Pneumococcal Disease
Number of residents with illness related to:			
Number of residents expired related to:			
Number of outbreaks as determined by medical director:			

How many residents were admitted to hospitals due to flu-like symptoms? _____

How many residents were admitted to hospitals due to confirmed flu? _____

How many residents were admitted to hospitals due to pneumococcal disease? _____

How many residents were admitted to hospitals due to complications of influenza? _____

How many residents were admitted to hospitals due to complications of pneumococcal disease? _____

Total number of staff employed during the year: _____

Was the flu vaccine offered to all staff? _____ Yes _____ No

Number of staff that received flu vaccine: _____

(whether at facility or at health care provider)

Number of staff who didn't have the flu vaccine: _____

Completed by: _____

DNCF Reviewer: _____