

**Pharmacy Community Clinics: Seasonal Influenza Vaccinations**

page: \_\_\_\_ of \_\_\_\_

Pharmacy Name: \_\_\_\_\_ Address: \_\_\_\_\_ Town: \_\_\_\_\_

#	Date	LOCATION			#Doses of Publicly-funded Flu vaccine needed for ages:		
		Name	Address	Type	5 – 18yrs	19-64 yrs	= >65 yrs
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

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page: \_\_\_\_ of \_\_\_\_

Pharmacy Name: \_\_\_\_\_ Address: \_\_\_\_\_ Town: \_\_\_\_\_

#	Date	LOCATION			#Doses of Publicly-funded Flu vaccine needed for ages:		
		Name	Address	Type	5 – 18yrs	19-64 yrs	= >65 yrs
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							