

Influenza and Pneumococcal Vaccination and Waiver Record for Residents and Employees Of Nursing Homes and Long Term Care Facilities

Facility: _____ **County:** _____

Employee or Resident Name: _____ **Birth date:** ___/___/___

Employee **Resident** (Check appropriate box)

	Receipt of Vaccination					Waiver of vaccination				
	Date	Manu- facturer	Lot Number	Signature of vaccinator	Signature of employee or resident	Date	Signature of employee or resident	Reason for waiver		
								Religious	Medical	Other
Influenza (2000- 2001)										
Influenza (2001-2002)										
Influenza (2002-2003)										
Influenza (2003-2004)										
Influenza (2004-2005)										
Influenza (2005-2006)										
Influenza (2006-2007)										
Influenza (2007-2008)										
Influenza (2008-2009)										
Influenza (2009-2010)										
Pneumococcal Vaccine (Residents only)										
Pneumococcal ¹										
Pneumococcal ¹										
Pneumococcal ¹										
Pneumococcal ¹										
Pneumococcal ¹										
Pneumococcal ¹										
Pneumococcal ¹										

¹ - Most persons should receive pneumococcal vaccine only ONCE. However, some very high-risk persons (i.e. those with anatomic or functional asplenia, or who are immunocompromised) may need a booster dose after 5 years. Other persons who received pneumococcal vaccine before age 65, and for whom 5 years have elapsed since the first dose, should also receive a booster dose.

*Maryland Department of Health and Mental Hygiene
Office of Health Care Quality
Long Term Care*

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