



## PROVIDER INFORMATION

Vaccine Provider: Nemaha County Community Health Services			Clinic Site:		
Street Address: 1004 Main Street	State KS	Zip Code 66534	Street Address:	State	Zip Code

(Circle the appropriate vaccine, dose, extremity, site, route, and enter the manufacturer, lot #, and expiration date)

## FOR CLINICAL USE ONLY

Vaccine	Dose	Ext.	Site	Route	VIS Date	Mfr./Lot #	Exp. Date
<b>Private Inventory Influenza</b>	1 2	RT	Deltoid Vastus Lat	IM 0.25ml 0.50ml	08/07/15	<b>Sanofi Pasteur</b> UI636AA (High Dose) UT5583PA (0.25ml PFS) UI629AA (0.5 ml PFS) UI690AB (0.5 ml PFS) UI684AE (MDV) UI669AA (MDV)	03/27/17 06/30/17
		LT		<b>Seqirus</b> 186685 (05. ml PFS)		5/31/17	
<b>VFC Inventory Influenza</b>	1 2	RT  LT	Deltoid Vastus Lat	IM 0.25ml 0.50ml	08/07/15	<b>Sanofi Pasteur</b> UT5594NA (0.25 ml PFS) UI657AA (0.5 ml PFS)	6/30/17
<b>CHIP Inventory Influenza</b>	1 2	RT  LT	Deltoid Vastus Lat	IM 0.25ml 0.50ml	08/07/15	<b>Sanofi Pasteur</b> UT5594NA (0.25 ml PFS) UI657AA (0.5ml PFS)	6/30/17

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Signature and Title of Vaccine Administrator

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Date