

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
Private Inventory Influenza	1 2	RT LT	Deltoid Vastus Lat	IM 0.25ml 0.50ml	08/07/15	Sanofi Pasteur UI835AA (High dose) UI851AA (High dose) UI826AB (MDV) UI829AC (MDV) UI852AD (MDV) UI839AA (0.5 mL PFS) UT5937MA (0.5 mL PFS) UT5897JA (0.25 mL PFS)	3/27/18 4/22/18 6/30/18
	1 2	RT LT	Deltoid Vastus Lat	IM 0.25ml 0.50ml	08/07/15	Sanofi Pasteur UT5897KA (0.25 mL PFS) UT5899LA (0.5 mL PFS) U5913BA (SDV)	06/30/18

Signature and Title of Vaccine Administrator

Date