

H1N1 AGGREGATE DOSES REPORTING FORM



STATE OF NEVADA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH DIVISION
IMMUNIZATION PROGRAM
4150 Technology Way, Suite 210
Carson City, Nevada 89706

Telephone: (775) 684-5900 · Fax: (775) 883-4732 OR (775) 883-3768

FACILITY CONTACT INFO (please print)					
Facility Name:			Facility Address:		
Name of Facility Representative:					
Pin Number:					
Facility Phone Number:					
WEEK DOSES ADMINISTERED					
Check the (1) week H1N1 doses were administered (Sunday – Saturday).					
<input type="checkbox"/> 10/4/09 – 10/10/09	<input type="checkbox"/> 11/29/09 – 12/5/09	<input type="checkbox"/> 1/24/10 – 1/30/10	<input type="checkbox"/> 3/21/10 – 3/27/10	<input type="checkbox"/> 5/16/10 – 5/22/10	
<input type="checkbox"/> 10/11/09 – 10/17/09	<input type="checkbox"/> 12/6/09 – 12/12/09	<input type="checkbox"/> 1/31/10 – 2/6/10	<input type="checkbox"/> 3/28/10 – 4/3/10	<input type="checkbox"/> 5/23/10 – 5/29/10	
<input type="checkbox"/> 10/18/09 – 10/24/09	<input type="checkbox"/> 12/13/09 – 12/19/09	<input type="checkbox"/> 2/7/10 – 2/13/10	<input type="checkbox"/> 4/4/10 – 4/10/10	<input type="checkbox"/> 5/30/10 – 6/5/10	
<input type="checkbox"/> 10/25/09 – 10/31/09	<input type="checkbox"/> 12/20/09 – 12/26/09	<input type="checkbox"/> 2/14/10 – 2/20/10	<input type="checkbox"/> 4/11/10 – 4/17/10	<input type="checkbox"/> 6/6/10 – 6/12/10	
<input type="checkbox"/> 11/1/09 – 11/7/09	<input type="checkbox"/> 12/27/09 – 1/2/10	<input type="checkbox"/> 2/21/10 – 2/27/10	<input type="checkbox"/> 4/18/10 – 4/24/10	<input type="checkbox"/> 6/13/10 – 6/19/10	
<input type="checkbox"/> 11/8/09 – 11/14/09	<input type="checkbox"/> 1/3/10 – 1/9/10	<input type="checkbox"/> 2/28/10 – 3/6/10	<input type="checkbox"/> 4/25/10 – 5/1/10	<input type="checkbox"/> 6/20/10 – 6/26/10	
<input type="checkbox"/> 11/15/09 – 11/21/09	<input type="checkbox"/> 1/10/10 – 1/16/10	<input type="checkbox"/> 3/7/10 – 3/13/10	<input type="checkbox"/> 5/2/10 – 5/8/10	<input type="checkbox"/> 6/27/10 – 7/3/10	
<input type="checkbox"/> 11/22/09 – 11/28/09	<input type="checkbox"/> 1/17/10 – 1/23/10	<input type="checkbox"/> 3/14/10 – 3/20/10	<input type="checkbox"/> 5/9/10 – 5/15/10		
AGGREGATE H1N1 DOSES ADMINISTERED					
Record the number of H1N1 doses administered per age below for the week listed above in whole numbers only .					
<u>Age Group</u>	<u>Dose 1</u>	<u>Dose 2</u>	<u>Unknown</u> (Age Group)		
6 – 23 months old					
24 – 59 months old					
5 – 18 years old					
19 – 24 years old					
25 – 49 years old					
50 – 64 years old					
65+ years old					
	<u>Total</u>	<u>Total</u>	<u>Total</u>	<u>Grand Total</u>	
PRIORITY GROUPS					
Record the number of H1N1 doses administered per priority group below for the week listed above in whole numbers only for both Dose 1 & 2. You may mark patients in more than one priority group.					
<u>Pregnant Women</u>	<u>Household contact & caregivers for children younger than 6 months</u>	<u>Healthcare & emergency medical services personnel</u>	<u>6 months through 24 yrs. old</u>	<u>25 through 64 years old with underlying medical conditions</u>	
SIGNATURE & DATE					
Provide signature & date of facility representative to verify this information is correct and true to their knowledge.					
_____			_____		
Signature			Date		
NEVADA STATE HEALTH DIVISION OFFICE USE ONLY:				Revised 10/2009	
Date Form Received			Date Doses Recorded		