

**Oklahoma State Department of Health
2009 H1N1 Influenza OSIS Data Entry Form**

Last Name	First Name	Middle Initial	Date of Birth ____ - ____ - ____
Street Address	City	State	Zip
Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	Ethnicity Hispanic Origin Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone Number () _____ - _____	
Race White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/>			
Mother's Maiden Name <i>Needed for children under age 18 only</i>			

For Clinic Use Only – Do Not Write Below This Line

Provider/Clinic Name:		Provider ID:						
Date Given	Given By (First Initial, Last Name)	Vaccine Name in OSIS	Lot Number	Site/Route (Circle number on line next to vaccine) 1- RT Vast Lat IM 2- LT Vast Lat IM 3- RT Deltoid IM 4- LT Deltoid IM 9- Other (nasal spray)			Dose Number (1 or 2)	
		H1N1 Vaccines						
		H1N1 San 6-35m			1	2	3	4
		H1N1 San 6 m-older			1	2	3	4
		H1N1 San 3-older			1	2	3	4
		H1N1 Nov 4-older			1	2	3	4
		H1N1 CSL 18y-older			1	2	3	4
		H1N1 Med Nasal Mist					9	