

2009 Seasonal & H1N1 Influenza and Pneumococcal 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"/>	
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"/>		Phone Number () - -		
Mother's Maiden Name <i>Needed for children under age 18 only</i>		Medicaid Number		Medicaid Last Name		Medicaid First Name	
Medicare Number		Medicare Part B		Yes <input type="checkbox"/>	No <input type="checkbox"/>		
For Clinic Use Only – Do Not Write Below This Line							
VFC Status: 0 – Not Eligible <input type="checkbox"/> 1 – Medicaid <input type="checkbox"/> 2 – Native America <input type="checkbox"/> 3 – Native Alaskan <input type="checkbox"/> 4 – Underinsured <input type="checkbox"/> 5 – No Insurance <input type="checkbox"/> 6 – Private Insurance <input type="checkbox"/>							
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)			Dose Number (1 or 2)
				1- RT Vast Lat IM	2- LT Vast Lat IM	3- RT Deltoid IM	
		Seasonal Vaccines					
		Trivalent Flu 6-35m		1	2	3	4
		Trivalent Flu 3-18y		1	2	3	4
		Trivalent Flu (VFC)		1	2	3	4
		Tri Flu Fluzone		1	2	3	4
		Tri Flu VFC-Fluvirin		1	2	3	4
		Tri Flu Fluvirin		1	2	3	4
		Tri-Flu Nasal Mist		9			
		Tri Flu Fluarix		1	2	3	4
		Tri Flu FluLaval		1	2	3	4
		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			
		Pneumovax		1	2	3	4