



AUSVAX WORKPLACE FLU VACCINATION PROGRAM PARTICIPATION FORM

PROGRAM DATE PROGRAM TIME

CLIENT

PROGRAM MANAGER STATE

NUMBER OF VACCINE RECIPIENTS

No.	Group e.g. A,B,C..	First Name	Surname	Email	Consent Attached (Y or tick)	Dr/RN use only Batch No.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
TOTAL						

To minimise waiting time (and lost work time) we suggest that, if you have a large number of vaccine recipients (eg 25+), you divide them into groups. Allocate each group a vaccination start time, using 15 minute blocks. Please list all vaccine recipients alphabetically within their group, as this makes it easier for us to mark them off as their vaccination is delivered. Please give us a copy of this list when we arrive to deliver to your program.