

WEEKLY Aggregate H1N1 Influenza VACCINE USE*

Note: Failing to submit this form every Monday will result in suspension of your H1N1 vaccine shipments.

REPORTING PERIOD: From _____ to _____ Do Not Send Additional H1N1 Vaccine

ORGANIZATION: _____ CONTACT PERSON: _____

PHONE #: _____ FAX #: _____ E-MAIL ADDRESS: _____

If you received this vaccine as a transfer from another facility, please indicate transferring organization: _____

Please enter the TOTAL number of vaccine doses administered, by age category and dose #, in the boxes below
(do not use tic and/or hash marks):

H1N1

Age Category	Dose 1	Dose 2
6 – 23 months		
24 – 59 months		
5 – 18 years		
19 – 24 years		
25 – 49 years		
50 – 64 years		
65+ years		

H1N1 – Live Attenuated Influenza Vaccine (LAIV)

Age Category	Dose 1	Dose 2
6 – 23 months		
24 – 59 months		
5 – 18 years		
19 – 24 years		
25 – 49 years		
50 – 64 years		
65+ years		

FAX or EMAIL completed forms to the IMMUNIZATION BRANCH at 1-800-544-3058 or H1N1doses@dhhs.nc.gov by **12PM (noon) EVERY MONDAY**. *Please do not include a cover sheet.*

Check this box if 0 (zero) doses were administered during this time period.

* If you are using the North Carolina Immunization Registry for reporting – you do NOT need to complete this form.