

INDIVIDUAL DATA RECORDING FORM
POULTRY WORKERS SEASONAL 'FLU VACCINATION SCHEME
2006/2007

Name: _____

Address: _____

DOB: _____

Employer/Employing Organisation (if available):

Vaccine Used: _____

Batch No: _____ Expiry Date: _____

Dare of Administration: _____

Adverse Reaction(s) Recorded: Yes No

Please describe below:

Signed: _____

Title: _____

Date: _____