Influenza Vaccine Release Form

Please use this release form to help ensure that adequate resources are available to provide safe vaccine administration, proper vaccine storage and handling, and documentation prior to vaccine being released to a subordinate unit.

Staff Competency

1. Staff who will administer the influenza vaccine have completed the MILVAX seasonal influenza training.

2. Prior to administering vaccinations, all influenza vaccination training will be documented on an approved competency form and placed in the individual's competency/training record.

3. Staff demonstrated understanding of proper vaccine administration.

4. Proper cold chain management procedures and equipment are identified and available. 2009-2010 Influenza storage and handling training module certificate for personnel transporting vaccine is provided prior to release of product.

5. Standing orders, screening forms, vaccine information statements, policies and procedures are available in writing and are presented by the unit requesting vaccine.

6. Number of personnel to be immunized:_____

7. Number of doses requested: LAIV_____   TIV_____

8. The medical POC responsible for the release and management of this vaccine is:

_____   (____)_____-_____
Influenza Vaccine Release Authority - Name/Title   Phone

Documentation

1. (Print Name)_____ is responsible for turning in immunization documentation to medical treatment facility to ensure information is filed in the patient's medical record.

2. (Print Name)_____is responsible for updating the ITS (MEDPROS, AFCITA, MRRS, SAMS) with Lot numbers, VIS, date, etc.

Event Completion

1. (Print Name/Dept.)_____is responsible for returning any unused vaccine and supplies.

2. (Print Name/Dept.)_____is responsible for transport of biohazardous waste to appropriate collection point and is aware they can not transport biohazardous waste in POV.

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3. For compliance issues, cold chain management issues, or to report an incident, please contact:

Local Influenza POC (Print Name):_____

                         Phone: (_____)____-_____

                         E-mail: _____

Additional Resource Information:
        Name/Number:_____

        Name/Number:_____

I agree to perform the requirements listed above and I accept the terms of this agreement as stated above.

_____   _____   _____
             Print Name   Signature   Date