



EMPLOYEE HEALTH SERVICES
 57 Bee Street – MSC 213
 Charleston, SC 29425-2130
 Telephone (843) 792-2991
 Fax (843) 792-1200

INFLUENZA VACCINE AND SUPPLIES REQUEST FORM
 (for Manager use only)

Fax this request to Employee Health Services at 792-1200. Orders must be received at least 48 hours before pick up.

Dept/Unit: _____ # of doses needed (in increments of 10): _____
 Cost Center #: _____ UDAK #: _____
 Pick up at Flu Tent on 10-15-08 (choose one): ___ Education/Library Building , 9:00-9:30am ___ Ashley River Tower, 10:00-10:30am
 Employee authorized to pick up vaccine and supplies:
 Name: _____ Phone: _____ Email: _____@muscd.edu
 Employee responsible for managing and returning consent forms, unused vaccine, and supplies:
 Name: _____ Phone: _____ Email: _____@muscd.edu

I agree to follow the instructions provided at pick up. I understand that my department may be charged if completed consent forms and unused vaccine/supplies are not returned to EHS within two weeks of pick up.

Manager Name: _____ Phone: _____ Email: _____@muscd.edu
 Signature: _____ Date: _____

FOR EHS USE – PICK UP

Date: _____ EHS initials: _____ # of doses provided: _____

After administering vaccine, complete this section and return to Employee Health Services with completed consent forms and unused vaccine/supplies with two weeks of pick up.

Were all doses kept at a temperature of 36-46° Fahrenheit? ___Yes ___No

If not, explain _____

Total number of doses given and completed consent forms attached: _____

Total number of unopened refrigerated doses returned to EHS: _____

Total number of doses wasted: _____ Reason for waste: _____

Manager Name: _____ Signature: _____ Date: _____

FOR EHS USE – RETURN

Date: _____ EHS initials: _____
 # forms returned: _____ # doses returned: _____ # doses unaccounted for: _____