

PHARMACIST USE ONLY								EUA/VIS
Admin Date/EUA or VIS Given on	Vaccine/ml	Dose #	Lot	EXP Date	BUD	Manufacturer	Injection Site: PLUA - Post Lateral Upper Arm - SQ Deltoid - IM	Revised Date
3/23	FLUANX Spikervax		XT522	6/30/24			IM/SQ L/R Deltoid/PLUA	
			3080536	4/5/24			IM/SQ L/R Deltoid/PLUA	
							IM/SQ L/R Deltoid/PLUA	
							IM/SQ L/R Deltoid/PLUA	

Brenda Ballantine, RPh
 Pharmacist/Intern/Technician Name: Brenda Ballantine Date: 10/3/24
 1417341108

Patient Name: _____

DOB: