

**MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES  
MI COMMUNITY VISITING NURSE ASSOCIATION**

**HEPATITIS A VACCINATION CLINICS  
*Report Form***

For hepatitis A vaccination clinics supported by VNA nursing staff, please complete this form after each hepatitis A vaccination clinic. Forms should be submitted to MDHHS within 24 hours of event.

**Please scan and email this form to Terri Adams at AdamsT2@michigan.gov, or fax to MDHHS at (517) 335-9855.**

**Local Health Department:** \_\_\_\_\_  
**Name of organization hosting clinic:** \_\_\_\_\_  
**Location/Address:** \_\_\_\_\_  
**Clinic Date and Time:** \_\_\_\_\_  
**Organization Point of Contact:** \_\_\_\_\_  
**Doses Given #:** \_\_\_\_\_ **Doses Wasted #:** \_\_\_\_\_  
**Follow-up required? (If yes, specify):** \_\_\_\_\_

**Adverse Events, Incidents, Overall suggestions? (if yes, please specify):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Type of Event:**     \_\_\_ Drug rehabilitation program  
                      \_\_\_ Homeless shelter, service organization  
                      \_\_\_ Mobile van  
                      \_\_\_ Other venue (please specify): \_\_\_\_\_

Staff Name/Role	Staff Contact Number (email, number)

**Organization Representative Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_