

# REPORTING FORM

Denominator Information			
Total number of persons who . . .	Employees	Non-employees, Credentialed	Non-employees, Other
Worked at this healthcare institution at least one day between October 1, 2010 and October 31, 2010	<input type="text"/>	<input type="text"/>	<input type="text"/>

Numerator Information			
Total number of persons who . . .	Employees	Non-employees, Credentialed	Non-employees, Other
Received an influenza vaccine at this healthcare institution since August 2010	<input type="text" value="Needed in January"/>	<input type="text" value="Needed in January"/>	<input type="text" value="Needed in January"/>
Received an influenza vaccine elsewhere	<input type="text" value="Needed in January"/>	<input type="text" value="Needed in January"/>	<input type="text" value="Needed in January"/>
Have a medical contraindication for the influenza vaccine	<input type="text" value="Needed in January"/>	<input type="text" value="Needed in January"/>	<input type="text" value="Needed in January"/>
Declined to receive the influenza vaccine for non-medical reasons	<input type="text" value="Needed in January"/>	<input type="text" value="Needed in January"/>	<input type="text" value="Needed in January"/>