



**SAMPLE**

**H1N1 Influenza Vaccine  
Facility Contact Information**

NAME OF YOUTH: \_\_\_\_\_  
DATE OF BIRTH: \_\_\_\_\_ DJJID#: \_\_\_\_\_

PARENT/GUARDIAN NAME AND ADDRESS:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

FACILITY NAME: \_\_\_\_\_

DJJ FACILITY ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of H1N1 Vaccination/VIS: \_\_\_\_\_

Publication Date of VIS: \_\_\_\_\_

If you have any further questions about this vaccination, please notify the DJJ facility at the phone number indicated.

Facility Phone number: \_\_\_\_\_

Person to Contact: \_\_\_\_\_