



Division of Disease Control, Bureau of Immunization  
 FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM  
 VACCINE REPORT FORM FAX TO: (850) 245-4734

DATE:

VFC PIN NUMBER (6 digit):

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

CONTACT PERSON

DELIVERY ADDRESS (Number and Street—No P.O. Boxes)

TELEPHONE

**Your designated ordering schedule is:** M2: Monthly 16th through 31st of Jan / Feb / Mar / Apr / May / Jun / Jul / Aug / Sep / Oct / Nov / Dec

DOSES SHIPPED	A		B		C		D		E		F
Check if Vaccine Not Needed	Vaccine Name		Brand Name (Circle Choice)		Packaging (Check Preferred Presentation)		Number of Doses Used Since Last Order		Current Inventory		Returned Vaccines Since Last Order
	DT (PEDIATRIC)	DT	Sanofi Pasteur	<input type="checkbox"/>	10 single dose vials						
	DTaP	DD	Daptacel	<input type="checkbox"/>	10 single dose vials						
		DIV	Infanrix	<input type="checkbox"/>	10 single dose vials						
		DIS	Infanrix	<input type="checkbox"/>	10 single dose syringes						
		PES	Pediarix	<input type="checkbox"/>	5 single dose syringes						
	DTaP/HEP B/IPV	KV	Kinrix	<input type="checkbox"/>	10 single dose vials						
	DTaP/IPV	KS	Kinrix	<input type="checkbox"/>	5 single dose syringes						
		N	Pentacel	<input type="checkbox"/>	5 single dose vials						
	Hep A	HV	Havrix	<input type="checkbox"/>	10 single dose vials						
		HS	Havrix	<input type="checkbox"/>	10 single dose syringes						
		HVA	Vaqta	<input type="checkbox"/>	10 single dose vials						
	Hep B	HBV	Engerix B	<input type="checkbox"/>	10 single dose vials						
		HBS	Engerix B	<input type="checkbox"/>	10 single dose syringes						
		HBR	Recombivax	<input type="checkbox"/>	10 single dose vials						
	Hep B/Hib	C	Comvax	<input type="checkbox"/>	10 single dose vials						
	Hib	IA	ActHIB	<input type="checkbox"/>	5 single dose vials						
		IX	Hiberix	<input type="checkbox"/>	10 single dose vials						
		IP	PedvaxHIB	<input type="checkbox"/>	10 single dose vials						
	HPV-2	CV	Cervarix	<input type="checkbox"/>	10 single dose vials						
		CS	Cervarix	<input type="checkbox"/>	5 single dose syringes						
	HPV-4	G	Gardasil	<input type="checkbox"/>	10 single dose vials						
	IPV	EV	Ipol	<input type="checkbox"/>	10 dose multi-vials						
	MMR	M	MMRII	<input type="checkbox"/>	10 single dose vials						
	MMRV	PQ	ProQuad	<input type="checkbox"/>	10 single dose vials						
	MCV-4	MC	Menactra	<input type="checkbox"/>	5 single dose vials						
		MV	Menveo	<input type="checkbox"/>	5 single dose vials						
	PCV-13	PR	Prevnar 13	<input type="checkbox"/>	10 single dose syringes						
	PPSV	PP	Pneumovax	<input type="checkbox"/>	5 single dose vials						
	ROTA	RX	Rotarix	<input type="checkbox"/>	10 single dose vials						
		R	RotaTeq	<input type="checkbox"/>	10 single dose tubes						
	Td	TV	Decavac	<input type="checkbox"/>	10 single dose vials						
		TS	Decavac	<input type="checkbox"/>	10 single dose syringes						
	Tdap	PAV	Adacel	<input type="checkbox"/>	10 single dose vials						
		PAS	Adacel	<input type="checkbox"/>	5 single dose syringes						
		PBV	Boostrix	<input type="checkbox"/>	10 single dose vials						
		PBS	Boostrix	<input type="checkbox"/>	5 single dose syringes						
	VARICELLA	V	Varivax	<input type="checkbox"/>	10 single dose vials						

CHILDREN IMMUNIZED/VFC ELIGIBILITY	<1 Year	1-6 Years	7-10 Years	11-12 Years	13-18 Years	Total
From Vaccine Usage Worksheet						
Medicaid						
No Insurance						
Underinsured						
American Indian/Alaskan Native						

FLORIDA DEPARTMENT OF HEALTH



VACCINES FOR CHILDREN (VFC) PROGRAM  
(800) 483-2543



Monthly Provider Ordering Calendar (M-2)

Place vaccine order in the second-half of the highlighted months.

2010

January10						
S	M	T	W	Th	F	S
						16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

February10						
S	M	T	W	Th	F	S
		16	17	18	19	20
21	22	23	24	25	26	27
28						

March10						
S	M	T	W	Th	F	S
		16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

April10						
S	M	T	W	Th	F	S
					16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

May10						
S	M	T	W	Th	F	S
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31					

June10						
S	M	T	W	Th	F	S
			16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

July10						
S	M	T	W	Th	F	S
					16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

August10						
S	M	T	W	Th	F	S
	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

September10						
S	M	T	W	Th	F	S
				16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

October10						
S	M	T	W	Th	F	S
						16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

November10						
S	M	T	W	Th	F	S
		16	17	18	19	20
21	22	23	24	25	26	27
28	29	30				

December10						
S	M	T	W	Th	F	S
				16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	