



Division of Disease Control, Bureau of Immunization

DATE:

VFC PIN #:

**VACCINE REPORT FORM**

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC:

VACCINE DELIVERY ADDRESS (Number and Street - No PO Boxes):

TELEPHONE NUMBER:		FAX NUMBER:	E-MAIL:		CONTACT PERSON:	
Place X if you don't need this vaccine	A	B	C		D	F
	Name of the Vaccine	Vaccine Brand Name	Packaging (Preferred Presentation)		Number of Vaccines Doses Used Since Last Order	Returned Vaccines Since Last Order
	DTaP	Daptacel®	Single dose vials -10 per box			
		Infanrix®	Single dose vials -10 per box			
	DTaP/Hep B/IPV	Pediarix®	Single dose syringes -5 per box			
			Single dose vials -10 per box			
	DTaP/IPV	Kinrix™*	Single dose vials -10 per box			
			Single dose syringes -5 per box			
	DTaP/IPV/HIB	Pentacel®*	Single dose vials -5 per box			
	Hepatitis B	Engerix B®	Single dose vials -10 per box			
			Single dose syringes -5 per box			
	Hib	Recombivax®	Single dose vials -10 per box			
			Single dose vials -10 per box			
	Tdap	PedvaxHIB®	Single dose vials -10 per box			
			Single dose vials -5 per box			
	Td	Decavac®	Single dose vials -10 per box			
			Single dose syringes-10 per box			
	IPV	Adacel®	Single dose vials -10 per box			
			Single dose syringes -5 per box			
	Hepatitis A	Boostrix®	Single dose vials -10 per box			
			Single dose syringes -5 per box			
	MMR	Ipol®	Single dose vials -10 per box			
			Single dose syringes-10 per bx			
	Hepatitis B/Hib	Vaqta®	Single dose vials -10 per box			
			Single dose vials -10 per box			
	Meningococcal Conjugate	Havrix®	Single dose vials -10 per box			
			Single dose syringes -5 per box			
	Pneumococcal Conjugate	MMRII	Single dose vials -10 per box			
			Single dose vials -10 per box			
	Rotavirus	Comvax®*	Single dose vials -10 per box			
			Single dose vials -5 per box			
	HPV	Menactra™	Single dose vials -5 per box			
			Single dose syringes -10 per box			
	DT (pediatric)	RotaTeq®	Single dose tubes -10 per box			
			Single dose vial -10 per box			
	MMR-V	Rotarix®*	Single dose vials -10 per box			
			Single dose vials -10 per box			
	Varicella	ProQuad®*	Single dose vials -10 per box			
			Single dose vials -10 per box			
	Pneumoccal Polysaccharide	Varivax®	Single dose vials -10 per box			
			Single dose vials -5 per box			

IMPORTANT: If your vaccine brand choice and packaging is not available (check one of the choices on the left side)  Send another vaccine brand/packaging  Send the vaccine brand/packaging I choose when available

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

\* VFC will ship these vaccines when they become available.

