

Family Planning Clinic Unaccompanied Minor without Insurance Information VFC Vaccine Log

Directions: This form must be completed and submitted to the state immunization program on a monthly basis. To prevent duplication of patient count, please record all vaccines administered to one patient on a single line. This report is in addition to other VFC reports required by the state immunization program. In completing this log, document only the administration of any VFC vaccine to unaccompanied minors (through 18 years of age) who present without insurance information. Please keep one copy for your clinic's records and send one to the state Immunization Program at the address below:

Florida Vaccines for Children (VFC) Program
 4052 Bald Cypress Way, BIN A-11
 Tallahassee, Florida 32399-1700
 Attention: VFC Manager

Clinic name: _____

Person completing this log: _____

Phone number of person completing this log: _____

Log for: Month _____ Year _____

Patient	Date VFC vaccine was administered	List names of VFC vaccines administered	Total number of VFC vaccines administered to this patient
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

Total number of VFC vaccines, by type, administered this month: