



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:

DOSES SHIPPED	A	B	C	D	E	F
Check if Vaccine Not Needed	Vaccine Name	Vaccine Brand Name (Circle Choice)	Packaging (Check Preferred Presentation)	Number of Doses Used Since Last Order	Current Inventory	Returned Vaccines Since Last Order
	DT (PEDIATRIC)	Sanofi Pasteur	<input type="checkbox"/> 10 single dose vials			
	DTaP	Daptacel	<input type="checkbox"/> 10 single dose vials			
	DTaP	Infanrix	<input type="checkbox"/> 10 single dose vials			
	DTaP	Infanrix	<input type="checkbox"/> 5 single dose syringes			
	DTaP/HEP B/IPV	Pediarix	<input type="checkbox"/> 10 single dose vials			
	DTaP/HEP B/IPV	Pediarix	<input type="checkbox"/> 5 single dose syringes			
	DTaP/IPV	Kinrix	<input type="checkbox"/> 10 single dose vials			
	DTaP/IPV	Kinrix	<input type="checkbox"/> 5 single dose syringes			
	DTaP/IPV/HIB	Pentacel	<input type="checkbox"/> 5 single dose vials			
	HEP A	Havrix	<input type="checkbox"/> 10 single dose vials			
	HEP A	Havrix	<input type="checkbox"/> 10 single dose syringes			
	HEP A	Vaqta	<input type="checkbox"/> 10 single dose vials			
	HEP B	Engerix B	<input type="checkbox"/> 10 single dose vials			
	HEP B	Engerix B	<input type="checkbox"/> 10 single dose syringes			
	HEP B	Recombivax	<input type="checkbox"/> 10 single dose vials			
	HEP B/HIB	Comvax	<input type="checkbox"/> 10 single dose vials			
	HIB	ActHIB	<input type="checkbox"/> 5 single dose vials			
	HIB	Hiberix	<input type="checkbox"/> 10 single dose vials			
	HIB	PedvaxHIB	<input type="checkbox"/> 10 single dose vials			
	HPV2	Cervarix	<input type="checkbox"/> 10 single dose vials			
	HPV4	Gardasil	<input type="checkbox"/> 10 single dose vials			
	IPV	Ipol	<input type="checkbox"/> 10 single dose vials			
	IPV	Ipol	<input type="checkbox"/> 10 single dose syringes			
	MMR	MMRII	<input type="checkbox"/> 10 single dose vials			
	MMRV	ProQuad	<input type="checkbox"/> 10 single dose vials			
	MCV4	Menactra	<input type="checkbox"/> 5 single dose vials			
	MCV4	Menveo	<input type="checkbox"/> 5 single dose vials			
	PCV	Prenvar	<input type="checkbox"/> 10 single dose syringes			
	PPSV	Pneumovax	<input type="checkbox"/> 5 single dose vials			
	ROTA	Rotarix	<input type="checkbox"/> 10 single dose vials			
	ROTA	RotaTeq	<input type="checkbox"/> 10 single dose tubes			
	TD	Decavac	<input type="checkbox"/> 10 single dose vials			
	TD	Decavac	<input type="checkbox"/> 10 single dose syringes			
	Tdap	Adacel	<input type="checkbox"/> 10 single dose vials			
	Tdap	Adacel	<input type="checkbox"/> 5 single dose syringes			
	Tdap	Boostrix	<input type="checkbox"/> 10 single dose vials			
	Tdap	Boostrix	<input type="checkbox"/> 5 single dose syringes			
	VARICELLA	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
<i>From Vaccine Usage Worksheet</i>						
Medicaid						
No Insurance						
Underinsured						
American Indian/Alaskan Native						