Florida Vaccines for Children (VFC) Program

Vaccine Usage Worksheet

PIN #:____________

**** Check below the appropriate box for eligibility and vaccines.***

A	B	C																				D																						
		VFC Eligibility*																				Vaccines*																						
		<1 YEAR				1-6 YEARS				7-10 YEARS				11-12 YEARS				13-18 YEARS																										
Patient ID	Shot Date	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	DTaP	DTaP/Hep B/IPV	DTaP/IPV	DTaP/IPV/HIB	Hep A	Hep B	Hep B/Hib	Hib	HPV-2	HPV-4	IPV (Polio)	MCV-4	MMR	PCV-13	PPSV	ROTA	Td	Tdap	Flu (0.25ml)	Flu (0.50ml)	FluMist	Varicella	MMRV
Totals																																												

Record the total number of children immunized by age and VFC eligibility	E	F	G	H	I
	<1 YEAR	**1-6 YEARS**	**7-10 YEARS**	**11-12 YEARS**	**13-18 YEARS**
Medicaid					
No Insurance					
Underinsured					
American Indian/Alaskan Native					
TOTAL CHILDREN IMMUNIZED					

Mailing Adrress:
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