

VVFC Vaccine Tally Report

Provider Pin: _____
 Practice: _____
 Contact: _____
 Phone: _____

Temperatures:
 Refrigerator

	F or C
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 Freezer

	F or C
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Indicate Dates ->	Date	All VVFC Doses Administered (DA) (daily tally marks)	Total DA	Indicate Pin for transfers ->		Date	Date	Date	Date
				From Pin:	To Pin:				
Vaccine	Beginning Inventory			Transfer In	Transfer Out	Non Viable Return	Shipment Received	Ending Inventory	
DTaP (Infanrix, Daptacel, Tripedia)									
DTaP-Hep B-IPV (Pediatrix)									
DTaP-IPV-Hib (Pentacel)									
DTaP-Hib (Trihibit)									
DTaP-IPV (Kinrix)									
Hepatitis A (Havrix, Vaqta)									
Hepatitis B (Engerix, Recombivax)									
Hib (PedvaxHib, ActHib, Hiberix)									
Hep B-Hib (Comvax)									
HPV (Gardasil, Cervarix)									
Influenza TIV/injectable (Fluzone, Fluarix)									
Influenza LAIV/intranasal (FluMist)									
IPV (Polio)									
Meningococcal conjugate (Menactra, Menveo)									
MMR (MMRII)									
MMR-Varicella (ProQuad)									
Pneumococcal conjugate (Prenar 13)									
Rotavirus (Rotateq, Rotarix)									
Td (Decavac-Adolescent/Adult)									
Tdap (Boostrix, Adacel)									
Varicella (Varivax)									
Special Order Vaccines:									
DT <i>pediatric, high risk</i>									
Pneumococcal Polysaccharide (Pneumovax)									
Other Vaccines:									

On behalf of myself and the practitioners associated with this facility, agree that the data above are accurate to the best of my knowledge.

VVFC Physician Contact _____ Signature _____ Date _____

Fax completed report to VVFC Office @ 804-864-8090 or 8089