

Virginia Adult Hepatitis B Immunization Initiative (VAHBII)

Monthly Doses Administered Report

Venue Name: _____

Venue Address: _____

Reporting Month: From _____ / _____ / _____ To _____ / _____ / _____

Instructions:

- Reporting time is from the 1st of the month to the end of the month. Record your vaccine inventory at the beginning of the month and then again at the end of the month.
- Place this sheet in the room where vaccine is stored (i.e. refrigerator) and place a tally mark for each dose of vaccine administered.
- Please also tally the number of patients that refuse vaccine.
- Total the tally marks for vaccinations and refusals at the end of month and place the number in the total column.
- **Fax to the Division of Immunization (804) 864-8089 or email the form to JRebecca.Early@vdh.virginia.gov no later than the 15th of the following month.**

Vaccine Type	Lot Number(s)	Expiration Date	Starting Inventory # Doses	Ending Inventory # Doses
Adult Hepatitis B				
Adult Hepatitis B				

Vaccine	Place a tally mark for each dose administered	Total by Tally
Vaccinations –Doses of Hep B Administered	_____	_____
Refusals- Doses of Hep B Offered and Refused <i>(Optional)</i>	_____	_____

I certify that the information contained in this report has been verified by a physical inspection of this site's Adult Hepatitis B vaccine inventory.

Signature: _____ Date: _____

Printed Name: _____ Phone Number: _____

VDH, Division of Immunization
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 Richmond VA, 23219
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