VVFC Monthly Doses Administered Report

Reported Month for Doses Administered _____

Contact Name _____

Practice Name _____

Address _____

City/State/Zip _____

Practice PIN _____

Today's Date _____

Phone Number _____

Fax Number _____

Email _____

Vaccine / Age	DTaP	DTaP- Hep B - IPV	DTaP-Hib	Flu TIV Preservative Containing	Flu TIV Preserv Free Syringes	Flu LAIV FluMist Sprayers	Hep A	Hep B	Hep B 2- Dose Adolescents Only	Hib	Hep B - Hib	IPV	MMR	MMR-Varicella 12 months to 12 years	MCV4 Meningococcal Conjugate	MPSV4 Mening Polysaccharide	PCV-7 (Prevnar) Pneumococcal Conjugate	PPV-23 Pneumo Polysaccharide	Td Adult	Tdap Adolescent/ Adult	DT Pediatric High Risk	Varicella
<1 Year						●	●		●				●	●	X			●	●	●		●
1 year						●			●						X			●	●	●		
2 years						●			●						X				●	●		
3-4 years						●			●						X				●	●		
5 years									●						X				●	●		
6-9 years			●						●	●	●				X		●			●		
10-14 years	●	●	●							●	●						●				●	
15-19 years	●	●	●							●	●			●			●				●	
20-24 years	●	●	●	X	X	X	X	X	●	●	●			●	X	X	●	X		X	●	X
25-44 years	●	●	●	X	X	X	X	X	●	●	●			●	X	X	●	X		X	●	X
45-64 years	●	●	●	X	X	X	X	X	●	●	●			●	X	X	●	X		X	●	X
65+ years	●	●	●	X	X	X	X	X	●	●	●			●	X	X	●	X		X	●	X
Unknown Age																						
Totals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Tally the total doses of state provided vaccine administered at your facility. This report must be received by VVFC by the 5th of each month.

● = Age groups for which the vaccine is not recommended.
X = Age groups that are not eligible to receive the vaccine at an FQHC or RHC.

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VDH Virginia Department of Health
Protecting You and Your Environment
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