

# VACCINE PHYSICAL INVENTORY FORM



DATE: \_\_\_\_\_

- Instructions:** 1. Complete this form before you order VFC vaccine.  
 2. Transfer all lot numbers, expiration dates, and total doses on hand from this form to your VFC vaccine order.

## REFRIGERATOR

VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	Additional Space			TOTAL DOSES ON HAND
						LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	
DTaP	<input type="checkbox"/> Daptacel–vials	10							
	<input type="checkbox"/> Infanrix–vials	10							
	<input type="checkbox"/> Infanrix–syringes	10							
DTaP-HepB-IPV	Pediarix–syringes								
DTaP-IPV	<input type="checkbox"/> Kinrix–vials	10							
	<input type="checkbox"/> Kinrix–syringes	5							
DTaP-IPV/Hib	Pentacel–vials	5							
HepA	<input type="checkbox"/> VAQTA–vials	10							
	<input type="checkbox"/> Havrix–vials	10							
	<input type="checkbox"/> Havrix–syringes	10							
HepB	<input type="checkbox"/> Engerix-B–vials	10							
	<input type="checkbox"/> Engerix-B–syringes	10							
	<input type="checkbox"/> Recombivax HB–vials	10							
Hib	<input type="checkbox"/> ActHIB–vials	5							
	<input type="checkbox"/> Hiberix–vials	10							
	<input type="checkbox"/> PedvaxHIB–vials	10							
HPV	<input type="checkbox"/> Gardasil 9–vials	10							
IPV	IPOL–vials	10							
MCV4	<input type="checkbox"/> Menactra–vials	5							
	<input type="checkbox"/> Menveo–vials	5							
MenB	<input type="checkbox"/> Bexsero–syringes*	10							
	<input type="checkbox"/> Trumenba–syringes*	10							
PCV13	Prennar 13–syringes	10							
PPSV23	Pneumovax 23–vials*	10							
RV	<input type="checkbox"/> Rotarix–vials	10							
	<input type="checkbox"/> RotaTeq–tubes	10							
	<input type="checkbox"/> RotaTeq–tubes	25							
Td	<input type="checkbox"/> Tenivac–vials*	10							
	<input type="checkbox"/> Tenivac–syringes*	10							
	<input type="checkbox"/> Td Vaccine (Grifols)–vials*	10							
Tdap	<input type="checkbox"/> Adacel–vials	10							
	<input type="checkbox"/> Adacel–syringes	5							
	<input type="checkbox"/> Boostrix–vials	10							
	<input type="checkbox"/> Boostrix–syringes	10							

## FREEZER

MMR	MMR-II–vials	10							
MMRV	ProQuad–vials	10							
VAR	Varivax–vials	10							

\* Highlights indicate special order VFC vaccines