

VACCINES FOR CHILDREN (VFC) PROGRAM

VACCINE STORAGE UNIT PHYSICAL INVENTORY FORM



DATE: _____

Instructions: Complete this form at least once a month for all VFC vaccines. Report this information when submitting your next order of VFC vaccine.

REFRIGERATOR

					Additional Space		
VACCINE	BRAND	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND
DTaP	<input type="checkbox"/> DAPTACEL						
	<input type="checkbox"/> Infanrix						
DTaP/IPV	Kinrix						
DTaP/ Hepatitis B/ IPV	Pediarix						
DTaP/IPV/ Hib	Pentacel						
Hep A	<input type="checkbox"/> VAQTA						
	<input type="checkbox"/> Havrix						
Hep B	<input type="checkbox"/> ENGERIX B						
	<input type="checkbox"/> RECOMBIVAX						
Hib	<input type="checkbox"/> PedvaxHIB						
	<input type="checkbox"/> Hiberix						
	<input type="checkbox"/> ActHIB						
HPV	<input type="checkbox"/> Cervarix®						
	<input type="checkbox"/> Gardasil						
IPV	IPOL						
MCV	<input type="checkbox"/> Menactra						
	<input type="checkbox"/> Menveo®						
PCV	Prennar						
Rota	<input type="checkbox"/> Rotarix						
	<input type="checkbox"/> RotaTeq						
Td	DECAVAC						
Tdap	<input type="checkbox"/> ADACEL						
	<input type="checkbox"/> BOOSTRIX						

FREEZER

Varicella	VARIVAX						
MMR	MMR-II						