

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							
DTaP/IPV	Kinrix						
DTaP/ Hepatitis B/ IPV	Pediarix						
DTaP/IPV/ Hib	Pentacel						
Hep A							
Hep B							
Hib							
HPV							
IPV	IPOL						
MCV							
PCV	Pprevnar						
Rota							
Td	DECAVAC						
Tdap							

FREEZER

Varicella	VARIVAX						
MMR	MMR-II						