Vaccine Inventory Forms

Instruction: Click to select the vaccine inventory form by funding source.

VFC Program

- VFC Physical Inventory Form

VFA/LHD 317 Program

- VFA/LHD 317 Physical Inventory Form

Vaccines For Children (VFC) Program

Physical Inventory Form

DATE: _____

California Vaccines for Children Program

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	Presentation	Doses/ Box	Lot Numbers	Expiration Date	# Doses On Hand	Additional Space: Lot Numbers	Additional Space: Expiration Date	Additional Space: # Doses On Hand	Total Doses On Hand
COVID-19	☐ Moderna ☐ Novavax ☐ Pfizer	Vials	☐ 10 ☐ 30							
DTaP	☐ Daptacel ☐ Infanrix	☐ Vials ☐ Syringes	10							
DTaP-HepB-IPV	Pediarix	Syringes	10							
DTaP-IPV-Hib-HepB	Vaxelis	☐ Vials ☐ Syringes	10							
DTaP-IPV	☐ Kinrix ☐ Quadracel	☐ Vials ☐ Syringes	10							
DTaP-IPV-Hib	Pentacel	Vials	5							
HepA	☐ Vaqta ☐ Havrix	☐ Vials ☐ Syringes	10							
HepB	☐ Engerix-B ☐ Recombivax HB	☐ Vials ☐ Syringes	10							
Hib	☐ ActHIB ☐ Hiberix ☐ PedvaxHIB	Vials	☐ 5 ☐ 10							
HPV	Gardasil 9	Syringes	10							
IPV	IPOL	Vials	10							
Men ABCWY	Penbraya	Kit	☐ 1 ☐ 5 ☐ 10							
Men ACWY	☐ Menveo ☐ MenQuadfi	Vials	5							
MenB	☐ **Bexsero*** ☐ **Trumenba***	Syringes	10							
MMR	**Priorix only**	Vials	10							
PCV	☐ Vaxneuvance (PCV15) ☐ Prevnar 20 (PCV20)	Syringes	10							
PPSV23	**Pneumovax 23***	Syringes	10							
RSV	☐ Abrysvo	1-dose vial	1							
	☐ Beyfortus (50mg) ☐ Beyfortus (100mg)	Syringes	5							
RV	☐ Rotarix ☐ RotaTeq	☐ Vials ☐ Tubes	☐ 10 ☐ 25							
Td	☐ **Tenivac*** ☐ **Td Vaccine (TDVAX)***	☐ Vials ☐ Syringes	10							
Tdap	☐ Adacel ☐ Boostrix	☐ Vials ☐ Syringes	☐ 5 ☐ 10							

* Highlights indicate special order VFC vaccines.

Vaccines For Children (VFC) Program

Physical Inventory Form

DATE: _____

California Vaccines for Children Program

Freezer

Vaccine	Brand	Presentation	Doses/ Box	Lot Numbers	Expiration Date	# Doses On Hand	Additional Space: Lot Numbers	Additional Space: Expiration Date	Additional Space: # Doses On Hand	Total Doses On Hand
COVID-19	**Moderna only**	Vials	☐10 ☐30							
MMR	**MMR-II only**	Vials	10							
MMRV	ProQuad	Vials	10							
VAR	Varivax	Vials	10							

Extra Spaces

Vaccine	Brand	Presentation	Doses/ Box	Lot Numbers	Expiration Date	# Doses On Hand	Lot Numbers	Expiration Date	# Doses On Hand	Total Doses On Hand

317 Adult Vaccines
PHYSICAL INVENTORY FORM

VFA | LHD 317

DATE: _____

Instructions: 1. Complete this form before you order more 317 vaccines.
2. Transfer all lot numbers, expiration dates, and total doses on hand of all vaccines on this form to the 317 Vaccine Order Form.

Select one:
☐ **VFA** ☐ **LHD 317**

REFRIGERATOR

VACCINE	BRAND	DOSES PER BOX	LOT NUMBERS	EXPIRATION DATE	# DOSES ON HAND
HepA	☐ VAQTA®–syringes	10			
	☐ Havrix®–syringes	10			
HepB	☐ Engerix-B®–syringes	10			
	☐ HEPLISAV-B™–syringes	5			
HPV	☐ Gardasil® 9–syringes	10			
Men ACWY	☐ MenQuadfi®–vials	5			
	☐ Menveo®–vials	5			
MMR	☐ Priorix™ only–syringes	10			
PCV	☐ Prevnar 20™–syringes	10			
PPSV23	☐ Pneumovax® 23–syringes	10			
RSV	☐ Abrysvo®–1-dose vial	1			
RZV	☐ Shingrix®–vials	10			
	☐ Shingrix®–vials	1			
Td	☐ TDVAX™–vials	10			
Tdap	☐ Adacel®–vials	10			
	☐ Adacel®–syringes	5			
	☐ Boostrix®–syringes	10			

FREEZER

MMR	M-M-R®-II only–vials	10			
VAR	Varivax®–vials	10			