

# Vaccine Usage Logs

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**Instruction:** Click to select a vaccine usage log by funding source.

## VFC Program

Includes option for private vaccines.

1. [Daily Usage Log \(pediatric & adolescent/high-risk\)](#)
2. [Influenza Usage Log \(pediatric\)](#)

## VFA/LHD 317 Program

Includes option for private vaccines.

1. [Daily Usage Log \(adults\)](#)

## SGF Program

1. [Daily Usage Log & Influenza Authorization \(English & Spanish\) \(all\)](#)
2. [Daily Usage Log for Outbreaks \(all\)](#)

**Instructions:** Keep log near vaccines. Record date, patient info, and doses administered. At end of day, record daily totals and report to CAIR or RIDE/Healthy Futures. Keep usage logs for three years.

Patient Name (or medical record #)	Date of Birth	COVID -19	DTaP	DTaP- HepB- IPV	DTaP- IPV- Hib- HepB	DTaP- IPV	DTaP- IPV- Hib	HepA	HepB	Hib	IPV	PCV 15	PCV 20	RSV	RV	MMR	FROZEN		
		Moderna Novavax Pfizer	Daptacel Infanrix	Pediarix	Vaxelis	Kinrix Quadracel	Pentacel	VAQTA Havrix	Energix-B Heplisav-B Recombivax HB	ActHIB Hiberix Pedvax-HIB	IPOL	Vaxneu- vance	Prevnar 20	Bey- fortus	Rotarix RotaTeq	Priorix only	MMR only	Pro-Quad	Varivax
<b>Daily Totals:</b>																			

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date Doses Reported to CAIR/RIDE: \_\_\_\_\_ PAGE \_\_\_\_\_ OF \_\_\_\_\_

**Instructions:** Keep log near vaccines. Record date, patient info, and doses administered. At end of day, record daily totals and report to CAIR or RIDE/Healthy Futures. Keep usage logs for three years.

Patient Name (or medical record #)	Date of Birth	HPV	MenACWY	Men B	MenABCWY	PPSV23	RSV	Td	Tdap
		Gardasil 9	Menveo MenQuadfi	Bexsero Trumenba	Penbraya	Pneumovax 23	Abrysvo	Tenivac Td Vaccine (TDVAX)	Adacel Boostrix
<b>Daily Total:</b>									

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date Doses Reported to CAIR/RIDE: \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

Select one:

VFC vaccines  Private vaccines

**INSTRUCTIONS:** Keep log near vaccines. Record date, patient info, and doses administered. At end of day, record daily totals and report to CAIR or RIDE/Healthy Futures. Keep usage logs for three years.

Patient Name (or medical record #)	Date of Birth	Fluarix® 0.5 mL syringes	Flulaval® 0.5 mL syringes	Fluzone® 0.5 mL syringes	Flumist® 0.2 mL sprayer	Flucelvax® 0.5 mL syringes			
<b>Daily Total:</b>									

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date Doses Reported to CAIR/RIDE: \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

Select one:

VFA  LHD 317  Private vaccines

**INSTRUCTIONS:** Keep log near vaccines. Record date, patient info, and doses administered. At end of day, record daily totals and report to CAIR or RIDE/Healthy Futures. Keep usage logs for three years.

Patient Name (or medical record #)	Date of Birth	REFRIGERATED										FROZEN		
		HepA	HepB	HPV	MenACWY	MMR	PCV	PPSV23	RSV	RZV	Td	Tdap	MMR	VAR
		VAQTA Havrix	Engerix B Heplisav-B	Gardasil 9	MenQuadfi Menveo	Priorix only	Prevnar20	Pneumo- vax23	Abrysvo Arexvy	Shingrix	TDVAX	Adacel Boostrix	MMR-II only	Varivax
<b>Daily Total:</b>														

Staff Name: \_\_\_\_\_ Date: \_\_\_\_\_ Date Doses Reported to CAIR/RIDE: \_\_\_\_\_ PAGE \_\_\_\_ OF \_\_\_\_

# Daily Usage Log & Influenza Authorization

**This form must be signed on date vaccine is administered by recipient or parent, guardian, or another authorized person.**

I read or had explained to me the "Influenza Vaccine Information Statement." I had an opportunity to ask questions, which were answered to my satisfaction. I believe I understand the benefits and risks of influenza vaccine and request that it to be given to me or to the person for whom I am authorized to make this request.

Signature of recipient (or authorized person and name of recipient)	Site	VFC- Eligible Y/N	Age (check one column only)						
			6-35 mo	3-6 yrs	7-18 yrs	19-49 yrs	50-59 yrs	60-64 yrs	65+ yrs
<b>TOTAL DOSES ADMINISTERED</b>									

To be returned to your Immunization Coordinator by: (Date) \_\_\_\_\_

Manufacturer and Lot No. \_\_\_\_\_ Contact Person \_\_\_\_\_

Clinic Identification \_\_\_\_\_ Telephone \_\_\_\_\_

Date \_\_\_\_\_ Date Doses Reported to CAIR/RIDE: \_\_\_\_\_

# Registro de uso diario y autorización para la influenza



La persona recibiendo la vacuna, su padre o tutor u otra persona autorizada debe firmar este formulario en la fecha en que se administra la vacuna.

Atestación: He leído o me han explicado la «Declaración de información de la vacuna contra la influenza». Tuve la oportunidad de hacer preguntas que fueron respondidas a mi satisfacción. Creo que comprendo los beneficios y riesgos de la vacuna contra la influenza y solicito que se me administre a mí o a la persona para la que estoy autorizado a hacer esta solicitud.

Firma de la persona que se vacuna (o de la persona autorizada y el nombre de la persona que se vacuna)	Site	VFC Eligible Y/N	Age (check one column only)						
			6-35 mo	3-6 yrs	7-18 yrs	19-49 yrs	50-59 yrs	60-64 yrs	65+ yrs
<b>TOTAL DOSES ADMINISTERED</b>									

To be returned to your Immunization Coordinator by: (Date) \_\_\_\_\_

Manufacturer and Lot No. \_\_\_\_\_

Contact Person \_\_\_\_\_

Clinic Identification \_\_\_\_\_

Telephone \_\_\_\_\_

Date \_\_\_\_\_

Date Doses Reported to CAIR/RIDE: \_\_\_\_\_

**INSTRUCTIONS:** Keep log near vaccines. Record date, patient info, vaccine brand, and doses administered. At end of day, add up daily totals and report to CAIR or RIDE/Healthy Futures.

Patient Name (or medical record #)	Date of Birth	Write in vaccine brand				
<b>Daily Total:</b>						

**Staff Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **Date Doses Reported to CAIR/RIDE:** \_\_\_\_\_ **PAGE** \_\_\_\_ **OF** \_\_\_\_