

Phone # _____		MONTHLY VACCINE INVENTORY REPORT			Date _____	
Fax # _____		Report Submitted by: _____		Name of Facility _____		PIN _____
Vaccine	Total number of doses	LIST NUMBER OF DOSES ON HAND BY VIAL SIZE, MANUFACTURER, AND LOT NUMBER				
		DOSES ON HAND PER LOT #	VIAL SIZE	LOT NUMBER	EXPIRATION DATE	MANUFACTURER
HEPATITIS A (ADULT)						
HEPATITIS B (ADULT)						
HEPATITIS AB (TWINRIX)						
MMR						
PNEUMO						
TD						
TDAP						
INFLUENZA (FLU)						
HPV						
ZOSTER						
OTHER						

THIS REPORT MUST BE SUBMITTED BY THE 5TH OF EACH MONTH TO:

IMMUNIZATION PROGRAM, 6323 GEORGIA AVE, NW, SUITE 305 WASHINGTON, DC 20011

PHONE # (202) 576-9319 FAX # (202) 541-5906 OR 576-6418 (THE VFC TEAM)

REV JAN 3, 2008 JMB