PRACTICE ID #_____ PRIOR INVENTORY DATE_____/____/_____

PRACTICE NAME_____ CURRENT INVENTORY DATE____/____/_____

VACCINE ACCOUNTABILITY & ORDER FORM

TEMPERATURE LOGS IN RANGE?
VDH staff: circle YES or NO & initial:_____

VACCINE	Prior Beginning Inventory	Write in number of doses given by age (Ø tick marks)								Add up age groups for Total doses given	Vaccine Expired Wasted or Returned Number of doses and lot #	Current Inventory	Expiration Date	New Doses Ordered	New Vaccine Lot #	New Inventory Balance
		< 1 yr	1 y	2 yr	3-4 yr	5 yr	6-9 yr	10-14 yr	15-18 yr							
PCV-7																
DTaP																
DTaP-Hep B-IPV																
Tdap																
Td																
MMR																
Hib																
eIPV																
Hep A																
Hep B																
Varicella																
MMRV																
MCV4																
Rotavirus																
HPV																
PPV-23																