Vaccines For Children (VFC) Program

# Vaccine Physical Inventory Form

DATE: _____

**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 |
|---|---|---|---|---|---|---|---|---|---|---|
| **DTaP** | ☐ Daptacel<br>☐ Infanrix | ☐ Vials<br>☐ Syringes | 10 | | | | | | | |
| **DTaP-HepB-IPV** | Pediarix | Syringes | 10 | | | | | | | |
| **DTaP-IPV-Hib-HepB** | Vaxelis | ☐ Vials<br>☐ Syringes | 10 | | | | | | | |
| **DTaP-IPV** | ☐ Kinrix<br>☐ Quadracel | ☐ Vials<br>☐ Syringes | 10 | | | | | | | |
| **DTaP-IPV-Hib** | Pentacel | Vials | 5 | | | | | | | |
| **HepA** | ☐ Vaqta<br>☐ Havrix | ☐ Vials<br>☐ Syringes | 10 | | | | | | | |
| **HepB** | ☐ Engerix-B<br>☐ Recombivax HB | ☐ Vials<br>☐ Syringes | 10 | | | | | | | |
| **Hib** | ☐ ActHIB<br>☐ Hiberix<br>☐ PedvaxHIB | Vials | ☐ 5<br>☐ 10 | | | | | | | |
| **HPV** | Gardasil 9 | Syringes | 10 | | | | | | | |
| **IPV** | IPOL | Vials | 10 | | | | | | | |
| **Men ACWY** | ☐ Menveo<br>☐ MenQuadfi | Vials | 5 | | | | | | | |
| **MenB** | ☐ **Bexsero***<br>☐ **Trumenba*** | Syringes | 10 | | | | | | | |
| **MMR** | **Priorix only** | Vials | 10 | | | | | | | |
| **PCV13** | Prevnar 13 | Syringes | 10 | | | | | | | |
| **PCV15** | Vaxneuvance | Syringes | 10 | | | | | | | |
| **PPSV23** | **Pneumovax 23*** | Syringes | 10 | | | | | | | |
| **RV** | ☐ Rotarix<br>☐ RotaTeq | ☐ Vials<br>☐ Tubes | ☐ 10<br>☐ 25 | | | | | | | |
| **Td** | ☐ **Tenivac***<br>☐ **Td Vaccine (Grifols)*** | ☐ Vials<br>☐ Syringes | 10 | | | | | | | |
| **Tdap** | ☐ Adacel<br>☐ Boostrix | ☐ Vials<br>☐ Syringes | ☐ 5<br>☐ 10 | | | | | | | |

* Highlights indicate special order VFC vaccines.

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DATE: _____

## 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 |
|---|---|---|---|---|---|---|---|---|---|---|
| **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 |
|---|---|---|---|---|---|---|---|---|---|---|
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