Iowa Department of Public Health
Vaccines for Children Program
Monthly Doses Administered Report
Private Provider

Instructions for the completion of this form are on the back.

Month/Year: _____ VFC PIN: _____

Facility Name: _____

Contact Person: _____ County: _____

Telephone: (_____)_____ Fax: (_____)_____

Vaccine	Doses Administered	Vaccine Loss		
		Reason *	Doses	Lot #
DTaP				
DTaP/Hep B/IPV (PEDIARIX)				
DTaP/IPV/ActHIB (Pentacel)				
DTaP/IPV (KINRIX)				
DT (ped) through 6 years of age				
Td (adult) 7 years of age and older				
Tdap				
Hib				
Hib/Hep B (COMVAX)				
Hep A				
Hep B				
HPV (GARDASIL)				
MMR				
MMRV (ProQuad)				
Meningococcal Conjugate (Menactra)				
Polio				
Pneumococcal Conjugate (Prevnar)				
Rotavirus				
Varicella				
Influenza 6 through 35 months				
Influenza 3 through 18 years				

***Reason for vaccine loss:** 4-Expired; 5-Lost or damaged in transit; 6-Failure to store properly upon receipt; 7-Refrigerator failure

Please fax your doses administered report to:
1-800-831-6292

Or mail your doses administered report to the following address:
Iowa Department of Public Health
Vaccines for Children Program
321 E. 12th St., Lucas State Office Building
Des Moines, Iowa 50319-0075

If you have any questions regarding the Vaccines for Children Program call 1-800-831-6293.

INSTRUCTIONS

Date Submitted, type or print the month and year the vaccines were administered.

VFC PIN, type or print the VFC provider identification number (PIN) assigned to the clinic or practice. The PIN will be assigned to enrolling physicians after enrollment forms are processed by the Immunization Program.

Facility Name, type or print the name of the practice or provider group.

Contact Person, type or print the name of the office contact person.

County, type or print the county where the clinic is located.

Telephone, type or print the phone number of the office contact person.

Fax, type or print the clinic or practice fax number.

VFC Doses Administered, type or print the number of doses of VFC vaccine administered monthly by the clinic for children who are uninsured, Medicaid-eligible, American Indian/Alaskan Native.

Vaccine Loss, non-viable VFC vaccine information

Reason, type or print the corresponding number to indicate the reason the VFC vaccine is non-viable.

4-Expired
5-Lost or damaged in transit
6-Failure to store properly upon receipt
7-Refrigerator failure

Doses, type or print the number of doses of VFC vaccine that is non-viable.

Lot #, type or print the lot number of the non-viable VFC vaccine. Unopened vials of VFC vaccine should be returned to the Iowa Department of Public Health in the insulated containers of future vaccine orders.

This form can be found on the Iowa Department of Public Health web site at:
http://www.idph.state.ia.us/adper/common/pdf/immunization/vfc_doses_admin_private.pdf