

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 | Expiration Date | # Doses On Hand | Total Doses On Hand |
| COVID-19 | <input type="checkbox"/> Moderna | Vials | <input type="checkbox"/> 10 | | | | | | | |
| | <input type="checkbox"/> Novavax | | <input type="checkbox"/> 30 | | | | | | | |
| DTaP | <input type="checkbox"/> Daptacel | <input type="checkbox"/> Vials <input type="checkbox"/> Syringes | 10 | | | | | | | |
| | <input type="checkbox"/> Infanrix | | | | | | | | | |
| DTaP- HepB- IPV | Pediarix | Syringes | 10 | | | | | | | |
| DTaP- IPV-Hib- HepB | Vaxelis | <input type="checkbox"/> Vials <input type="checkbox"/> Syringes | 10 | | | | | | | |
| DTaP- IPV | <input type="checkbox"/> Kinrix <input type="checkbox"/> Quadracel | <input type="checkbox"/> Vials <input type="checkbox"/> Syringes | 10 | | | | | | | |
| DTaP- IPV-Hib | Pentacel | Vials | 5 | | | | | | | |
| HepA | <input type="checkbox"/> Vaqta | <input type="checkbox"/> Vials <input type="checkbox"/> Syringes | 10 | | | | | | | |
| | <input type="checkbox"/> Havrix | | | | | | | | | |
| HepB | <input type="checkbox"/> Engerix-B | <input type="checkbox"/> Vials <input type="checkbox"/> Syringes | 10 | | | | | | | |
| | <input type="checkbox"/> Recombivax HB | | | | | | | | | |
| Hib | <input type="checkbox"/> ActHIB | Vials | <input type="checkbox"/> 5 | | | | | | | |
| | <input type="checkbox"/> Hiberix | | <input type="checkbox"/> 10 | | | | | | | |
| | <input type="checkbox"/> PedvaxHIB | | | | | | | | | |
| HPV | Gardasil 9 | Syringes | 10 | | | | | | | |
| IPV | IPOL | Vials | 10 | | | | | | | |
| Men ACWY | <input type="checkbox"/> Menveo | Vials | 5 | | | | | | | |
| | <input type="checkbox"/> MenQuadfi | | | | | | | | | |
| MenB | <input type="checkbox"/> Bexsero* | Syringes | 10 | | | | | | | |
| | <input type="checkbox"/> Trumenba* | | | | | | | | | |
| MMR | Priorix only | Vials | 10 | | | | | | | |
| PCV | <input type="checkbox"/> Vaxneuvance (PCV15) | Syringes | 10 | | | | | | | |
| | <input type="checkbox"/> Prevnar 20 (PCV20) | | | | | | | | | |
| PPSV23 | Pneumovax 23* | Syringes | 10 | | | | | | | |
| RSV | <input type="checkbox"/> Beyfortus (50mg) | Syringes | 5 | | | | | | | |
| | <input type="checkbox"/> Beyfortus (100mg) | | | | | | | | | |
| RV | <input type="checkbox"/> Rotarix | <input type="checkbox"/> Vials <input type="checkbox"/> Tubes | <input type="checkbox"/> 10 | | | | | | | |
| | <input type="checkbox"/> RotaTeq | | <input type="checkbox"/> 25 | | | | | | | |
| Td | <input type="checkbox"/> Tenivac* | <input type="checkbox"/> Vials <input type="checkbox"/> Syringes | 10 | | | | | | | |
| | <input type="checkbox"/> Td Vaccine (TDVAX)* | | | | | | | | | |
| Tdap | <input type="checkbox"/> Adacel | <input type="checkbox"/> Vials <input type="checkbox"/> Syringes | <input type="checkbox"/> 5 | | | | | | | |
| | <input type="checkbox"/> Boostrix | | <input type="checkbox"/> 10 | | | | | | | |

* Highlights indicate special order VFC vaccines.

