

Report of State Vaccine Doses Administered

Private Provider/ Clinic Name				REPORTED BY									MONTH \ YEAR	
VACCINE	NUMBER OF DOSES OF VACCINE ADMINISTERED BY AGE GROUP													TOTAL DOSES
	<1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	UNK	
DT (Peds)														
DTaP														
DTaP/IPV/HepB (Pediarix)														
DTaP/IPV/Hib (Pentacel)														
DTaP/IPV (Kinrix)														
Hepatitis A														
Hepatitis B*														
HepB/Hib (Comvax)														
Hib														
HPV														
IPV														
MCV														
MMR **														
MMRV														
PCV13 (Conjugate)														
PPSV														
Rotavirus														
Td														
Tdap														
Varicella														
Influ-PF (0.25mL) Fluzone (6-35 mos)														
InfluMD (5.0mL) Fluzone (3-18 yrs)														
Influ-PF(0.5mL) Fluzone (preg teen)														
FluMist (0.2mL) (2-18 yrs)														

*Hep B may be used for high risk persons up to the 20th birthday. **MMR may be used for Students entering college who were born in or after 1957

Fax this page to the Health Department with Number only, NO HASH MARKS