PA VFC DOSE TRACKING FORM



Instructions are located on the following page.

MANUFACTURER		SP	GSK-SP	GSK	SP	GSK	GSK - M	GSK - M	M	GSK - M - SP	GSK - M	SP
		51	GSIX-SI	GSK	51	ODIX	GSIX - IVI	GSIX - IVI	171	51	GSIX - IVI	51
LOT NUMBER												
EXPIRATION DATE												
	. ~-			DTaP-	DTaP-IPV-							
NAME OF PATIENT	AGE	DT	DTaP	HepB-IPV	Hib	DTaP-IPV	Hep A Peds	Hep B Peds	Hep B-HIB	HIB	HPV	E-IPV

Legend: SP = sanofipasteur M = Merck & Co., Inc. W = Wyeth Vaccines & Pediatrics GSK = GlaxoSmithKline Pharmaceuticals N = Novartis ME = Medimmune

PA VFC DOSE TRACKING FORM

Vaccines For Children

Instructions are located on the following page.

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LOT NUMBER												
EXPIRATION DATE												
NAME OF PATIENT	AGE	MCV-4	MMR	MMRV	PNU 13	Pneumo-23	Rotavirus	Td	Tdap	Varicella	FLU	Flu Mist

Legend: SP = sanofipasteur M = Merck & Co., Inc. W = Wyeth Vaccines & Pediatrics GSK = GlaxoSmithKline Pharmaceuticals N = Novartis ME = Medimmune

PA VFC DOSE TRACKING FORM



Complete this form each time you administer PA VFC vaccines. This form will help you track the vaccines by manufacturer, lot number and the name of child who received the vaccine. This one record will also have all the information that you will need in the event of a vaccine recall. We have included the manufacturer's name when there is only one manufacturer for the particular vaccine. Refer to the legend on the bottom of this form.

- ♥ When you receive a vaccine order, enter the manufacturer (if necessary), lot number and expiration date of each vaccine in the appropriate column.
- ♥ Enter the name of the child and place a hash mark in the column of the vaccine(s) administered.
- ♥ Retain this form for future reference.