Rev: January 2011

PA VFC DOSE TRACKING FORM

Instructions are located on the following page.

MANUFACTURER		GSK -SP	GSK	GSK	SP	GSK - M	GSK - M	M	M - SP	GSK - M	SP	N - SP
LOT NUMBER												
EXPIRATION DATE												
NAME OF PATIENT	AGE	DTaP	DTaP-HepB-IPV	DTaP-IPV	DTaP-IPV-HIB	Hep A Peds	HepB Peds	Hep B - HIB	HIB	HPV	IPV	MCV4

Legend: GSK = GlaxoSmithKline Pharmaceuticals ME = Medimmune M = Merck & Co., Inc. N = Novartis P = Pfizer Vaccines SP = sanofi pasteur

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PA VFC DOSE TRACKING FORM

Instructions are located on the following page.

MANUFACTURER		M	M	P	M	M - SP	GSK - SP	M	GSK-N-M-SP	ME		
LOT NUMBER												
EXPIRATION DATE												
NAME OF PATIENT	AGE	MMR	MMR-V	PCV-13	PPV-23	TD	Tdap	Varicella	FLU	FLU-MIST		

Legend: GSK = GlaxoSmithKline Pharmaceuticals ME = Medimmune M = Merck & Co., Inc. N = Novartis P = Pfizer Vaccines SP = sanofi pasteur

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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.