

# Vaccine Transport Hourly Monitoring

Date \_\_\_\_\_ Time prepared \_\_\_\_\_

Vaccine Packed by \_\_\_\_\_

Frozen Refrigerated (circle one) Vaccine Type \_\_\_\_\_

Lot Numbers \_\_\_\_\_

Total Doses \_\_\_\_\_ Inventory Sheet Attached

Diluents enclosed Yes No N/A (circle one)

VFC Provider & Pin Number \_\_\_\_\_

Person Transporting \_\_\_\_\_

TIME		TEMPERATURE		
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F
	am or pm		C	F

Facility Accepting Vaccine \_\_\_\_\_

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

Frozen Refrigerated (circle one) Vaccine Type \_\_\_\_\_

Lot Numbers \_\_\_\_\_

Total Doses \_\_\_\_\_ Inventory Sheet Attached

The above vaccine has been transported in accordance with CDC guidelines and has been accepted and stored appropriately following transport

\_\_\_\_\_  
Signature of person transporting vaccine

\_\_\_\_\_  
Signatures on Inventory Sheet

\_\_\_\_\_  
Signature of person accepting vaccine

# Vaccine Transport Inventory Sheet

Date \_\_\_\_\_ Time prepared \_\_\_\_\_

VFC Provider & Pin Number \_\_\_\_\_

Vaccine Packed by \_\_\_\_\_

Frozen    Refrigerated    (circle one)

Diluents enclosed    Yes    No    N/A    (circle one)

VACCINE	BRAND NAME & NUMBER OF DOSES						LOT NUMBERS
<b>DTaP</b>	Daptacel		Tripedia		Infanrix		
<b>DTaP-HepB-IPV</b>	Pediarix						
<b>Dtap-IPV-Hib</b>	Pentacel						
<b>Dtap-IPV</b>	Kinrix						
<b>Hep A-Peds</b>	Havrix		Vaqta				
<b>HepB</b>	Engerix		Recombivax				
<b>Hep B-Hib</b>	Comvax						
<b>Hib</b>	ActHIB		PedvaxHIB		Hiberix		
<b>HPV</b>	Gardasil		Cervarix				
<b>IPV polio</b>	IPV						
<b>MCV4 Mening</b>	Menactra		Menveo				
<b>MMR</b>	MMR						
<b>MMRV</b>	ProQuad						
<b>PCV 13</b>	Prenvar						
<b>Pneumovax 23</b>	PPV 23						
<b>Rotovirus</b>	Rototeq		Rotarix				
<b>Td</b>	Decavac						
<b>Tdap</b>	Adacel		Boostrix				
<b>Varicella</b>	Varivax						
<b>OTHER</b>							

Facility Accepting Vaccine \_\_\_\_\_

Date Received \_\_\_\_\_ Time Received \_\_\_\_\_

Frozen    Refrigerated    (circle one)

Diluents enclosed    Yes    No    N/A    (circle one)

The above vaccine has been transported in accordance with CDC guidelines  
and has been accepted and stored appropriately following transport

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Signature of person transporting vaccine

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Signature of person accepting vaccine

Questions generated by transfer form:

1. All Transportforms must be kept on file for three years, and be available on request
- 2 The form may be tweaked to meet the needs of the district /county.
3. Please retain the signatures of the person transferring anf the person receiving the vaccine
4. A form should be used for every transfer to assure reponsible transfer.
5. Misspelled Gardasil
6. Added Lot Numbers.