

Vaccine Transport Tracking Sheet

Washington State Childhood Vaccine Program
Office of Immunization and Child Profile

| CLINIC TRANSPORTING | | | | | |
|--|-----------------|--|---------------------------|-------------|------------------|
| CLINIC VACCINE COORDINATOR: | | | | | |
| | | | | | |
| CLINIC RECEIVING VACCINE: | | | | | |
| CLINIC VACCINE COORDINATOR: | | | | | |
| LOCAL HEALTH JURISDICTION: | | | 1 | | |
| LHJ APPROVAL DATE/ | | | | | |
| COMMUNICATED VIA EMAIL, PHONE, OTHER | | | | | |
| | , , | | | | |
| Vaccine Name | Name Lot Number | | Expiration Date | | Quantity |
| | | | | | |
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| Tama anatuna Dafana Tuan anant | | | | Time/Date D | Osfono Tromonout |
| Temperature Before Transport | | | | Time/Date E | Before Transport |
| | °F/°C | | | | |
| | 17 0 | | | | |
| | | | | | |
| Temperature After Transport | | | Time/Date After Transport | | |
| | | | | | |
| $^{\circ}F/^{\circ}C$ | | | | | |
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| Vaccine Coordinator Signature of Receiving Clinic: | | | | | |
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In case of a temperature excursion, call the manufacturer of the vaccine to determine viability.

For persons with disabilities, this document is available on request in other formats. To submit a request, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-255 DOH 348-531 November 2015