



**Vaccine Transport Tracking Sheet**  
Washington State Childhood Vaccine Program  
Office of Immunization and Child Profile

CLINIC TRANSPORTING VACCINE:	
CLINIC VACCINE COORDINATOR:	

CLINIC RECEIVING VACCINE:	
CLINIC VACCINE COORDINATOR:	

LOCAL HEALTH JURISDICTION:	
LHJ APPROVAL DATE/TIME:	
COMMUNICATED VIA EMAIL, PHONE, OTHER	

Vaccine Name	Lot Number	Expiration Date	Quantity

Temperature Before Transport
°F/°C

Time/Date Before Transport

Temperature After Transport
°F/°C

Time/Date After Transport

Vaccine Coordinator Signature of Receiving Clinic:

In case of a temperature excursion, call the manufacturer of the vaccine to determine viability.