**VACCINE ORDERING SHEET**

Level: Central Regional Sub county Health Facility

Name OF the County …………………………………………..….. Sub County………………………………………….… Facility……………………………………....………….

Date of Last Order………………………………………………… Date of this order……………………………..…………. Expected date of next order……… ……..…..………….

|  |  |
| --- | --- |
| **YEAR** |  |
| **TOTAL POPULATION** |  |
| **CHILDREN AGED 0-11 MONTHS (UNDER 11)** |  |
| **PREGNANT WOMEN** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ANTIGEN** | **STOCK IN DOSES** | | **NUMBER OF CHILDREN IMMUNIZED SINCE THE LAST ORDER** | **STOCK AVAILABLE** | | | **ORDERED AMOUNT IN DOSES** |  | **AMOUNT RECEIVED** | | |
|  | **MINIMUM** | **MAXIMUM** |  | **AMOUNT IN DOSES** | **BATCH NO.** | **EXPIRY DATE** |  | **AMOUNT IN DOSES** | **VVM** | **BATCH NO.** | **EXPIRY DATE** |
| **BCG** |  |  |  |  |  |  |  |  |  |  |  |
| **BCG DILUENT** |  |  |  |  |  |  |  |  |  |  |  |
| **PCV 10** |  |  |  |  |  |  |  |  |  |  |  |
| **OPV** |  |  |  |  |  |  |  |  |  |  |  |
| **MEASLES/RUBELLA** |  |  |  |  |  |  |  |  |  |  |  |
| **M/r Diluent** |  |  |  |  |  |  |  |  |  |  |  |
| **DPT – HepB-Hib** |  |  |  |  |  |  |  |  |  |  |  |
| **ROTAVIRUS** |  |  |  |  |  |  |  |  |  |  |  |
| **T.T/T.D** |  |  |  |  |  |  |  |  |  |  |  |
| **IPV** |  |  |  |  |  |  |  |  |  |  |  |
| **DROPPERS** |  |  |  |  |  |  |  |  |  |  |  |
| **HPV** |  |  |  |  |  |  |  |  |  |  |  |
| **OTHERS** |  |  |  |  |  |  |  |  |  |  |  |

Requested By ………………………………………………………. . Designation………………………………….. Date ……………………………….…. Signature ………………………………………….

Issued By………………………………………………………………..… Designation ………………..……………….. Date ……………………….…….…… Signature …………………………………………..

Received By …………………………………..………………………… Designation ……………………….…………….Date ……………..……………….. Signature …………………………………………….