VACCINE INVENTORY WORKSHEET End of Month Count of Vaccines

FACILITY: MONTH AND YEAR: VACCINE LOT NUMBER **EXPIRATION DATE** NUMBER OF DOSES ON HAND LINE TOTAL HEP B PED IF < 3 MONTHS TO OUTDATE PLEASE CALL 334-6524 **GRAND TOTAL** DTAP IF < 3 MONTHS TO OUTDATE PLEASE CALL 334-6524 **GRAND TOTAL PEDIARIX** IF < 3 MONTHS TO OUTDATE PLEASE CALL 334-6524 **GRAND TOTAL** DT IF < 3 MONTHS TO **OUTDATE PLEASE** CALL 334-6524 **GRAND TOTAL** TD ADULT IF < 3 MONTHS TO **OUTDATE PLEASE** CALL 334-6524 **GRAND TOTAL** HIB IF < 3 MONTHS TO **OUTDATE PLEASE** CALL 334-6524 **GRAND TOTAL** EIPV IF < 3 MONTHS TO OUTDATE PLEASE CALL 334-6524 **GRAND TOTAL** MMR IF < 3 MONTHS TO OUTDATE PLEASE CALL 334-6524 **GRAND TOTAL** VARICELLA IF < 3 MONTHS TO **OUTDATE PLEASE** CALL 334-6524 **GRAND TOTAL** HEP A PED IF < 3 MONTHS TO **OUTDATE PLEASE** CALL 334-6524 **GRAND TOTAL**

If vaccine has 3 months or less of expiration and vaccine won't all be used notify 334-6524 or 334-4949 for assistance.

Please print as many copies of this form as you need.

LOT NUMBER	EXPIRATION DATE		NUMBER OF DOSES ON HAND	LINE TOTAL	
		If <3 months to out date please call 334-6524			
					GRAND TOTAL
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		If <3 months to out date please call 334-6524			GRAND TOTAL
TWINRIX HEP A/HEP B		If <3 months to out date please call 334-6524			
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