

West Virginia Vaccine On Hand Report

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Date: _____ Provider Name: _____ Pin Number: _____

VACCINE TYPE	LOT NUMBER(s) ON HAND	EXPIRATION DATE(s)	DOSES ON HAND
DT			
DTaP			
DTaP/HepB/IPV (Pediatrix)			
DTaP/IPV (Kinrix)			
DTaP/IPV/Hib (Pentacel)			
EIPV (Polio)			
Flu			
Flu - PF (Preservative Free)			
Hepatitis A			
Hepatitis B			
Hib			
HPV			
Menactra			
MMR			
Pneumococcal			

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Prevnar			
Rotavirus (Rotarix)			
Rotavirus (Rotateq)			
Td			
Tdap			
Varicella			

NOTE: This form must be used in conjunction with a physical inventory.
I certify that the information contained in this report has been verified by a physical inspection of this site's VFC vaccine inventory.

Print Name

Signature

