

Vaccine Inventory Forms

Instruction: Click to select the vaccine inventory form by funding source.

VFC Program

- [Vaccine Inventory Form](#)

VFA & LHD 317 Programs

- [Vaccine Inventory Form](#)

Refrigerator

Additional Space

Vaccine	Brand	Presentation	Doses/ Box	Lot Numbers	Expiration Date	# Doses on Hand	Lot Numbers	Expiration Date	# Doses on Hand	Total Doses on Hand
COVID-19	<input type="checkbox"/> Comirnaty	<input type="checkbox"/> Vials	<input type="checkbox"/> 1							
	<input type="checkbox"/> Nuvaxovid	<input type="checkbox"/> Syringe	<input type="checkbox"/> 10							
	<input type="checkbox"/> Spikevax									
DTaP	<input type="checkbox"/> Daptacel	<input type="checkbox"/> Vials	10							
	<input type="checkbox"/> Infanrix	<input type="checkbox"/> Syringes								
DTaP-IPV	<input type="checkbox"/> Kinrix <input type="checkbox"/> Quadracel	Syringes	10							
DTaP-IPV-HepB	Pediarix	Syringes	10							
DTaP-IPV-Hib	Pentacel	Vials	5							
DTaP-IPV-Hib-HepB	Vaxelis	Syringes	10							
HepA	<input type="checkbox"/> Havrix	<input type="checkbox"/> Vials	10							
	<input type="checkbox"/> Vaqta	<input type="checkbox"/> Syringes								
HepA-HepB	Twinrix	Syringes	10							
HepB	<input type="checkbox"/> Engerix-B	<input type="checkbox"/> Vials	<input type="checkbox"/> 1							
	<input type="checkbox"/> Recombivax HB	<input type="checkbox"/> Syringes	<input type="checkbox"/> 5							
			<input type="checkbox"/> 10							
Hib	<input type="checkbox"/> ActHIB	Vials	<input type="checkbox"/> 5							
	<input type="checkbox"/> Hiberix		<input type="checkbox"/> 10							
	<input type="checkbox"/> PedvaxHIB									
HPV	Gardasil 9	Syringes	10							
Influenza	<input type="checkbox"/> Fluarix	<input type="checkbox"/> Sprayers <input type="checkbox"/> Syringes	10							
	<input type="checkbox"/> Flucelvax									
	<input type="checkbox"/> FluLaval									
	<input type="checkbox"/> FluMist									
	<input type="checkbox"/> Fluzone									
	<input type="checkbox"/> _____									
IPV	IPOL	Vials	10							
Men ABCWY	<input type="checkbox"/> Penbraya	Kit	<input type="checkbox"/> 1							
	<input type="checkbox"/> Penmenvy		<input type="checkbox"/> 5							
			<input type="checkbox"/> 10							
Men ACWY/MCV4	<input type="checkbox"/> MenQuadfi	Vials	<input type="checkbox"/> 5							
	<input type="checkbox"/> Menveo		<input type="checkbox"/> 10							
MenB	<input type="checkbox"/> Bexsero	Syringes	10							
	<input type="checkbox"/> Trumenba									
MMR	Priorix only	Vials	10							
Mpox	JYNNEOS	Vials	10							
PCV	<input type="checkbox"/> Vaxneuvance (PCV15)	Syringes	10							
	<input type="checkbox"/> Prevnar 20 (PCV20)									
PPSV	Pneumovax 23	Syringes	10							

Refrigerator cont'd

Additional Space

Vaccine	Brand	Presentation	Doses/ Box	Lot Numbers	Expiration Date	# Doses on Hand	Lot Numbers	Expiration Date	# Doses on Hand	Total Doses on Hand
RV	<input type="checkbox"/> Rotarix	<input type="checkbox"/> Vials	<input type="checkbox"/> 10							
	<input type="checkbox"/> RotaTeq	<input type="checkbox"/> Tubes	<input type="checkbox"/> 25							
Td	<input type="checkbox"/> Tenivac	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10							
Tdap	<input type="checkbox"/> Adacel	<input type="checkbox"/> Vials	<input type="checkbox"/> 5							
	<input type="checkbox"/> Boostrix	<input type="checkbox"/> Syringes	<input type="checkbox"/> 10							
RSV	<input type="checkbox"/> Abrysvo	1-dose vial	1							
	<input type="checkbox"/> Beyfortus (50mg)	Syringes	<input type="checkbox"/> 1							
	<input type="checkbox"/> Beyfortus (100mg)		<input type="checkbox"/> 5							
	<input type="checkbox"/> Enflonia		<input type="checkbox"/> 10							

Freezer

Additional Space

Vaccine	Brand	Presentation	Doses/ Box	Lot Numbers	Expiration Date	# Doses On Hand	Lot Numbers	Expiration Date	# Doses On Hand	Total Doses On Hand
COVID-19	Spikevax only	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	10							
MMR	M-M-R-II only	Vials	10							
MMRV	ProQuad	Vials	10							
VAR	Varivax	Vials	10							

Extra Spaces

Vaccine	Brand	Presentation	Doses/ Box	Lot Numbers	Expiration Date	# Doses On Hand	Lot Numbers	Expiration Date	# Doses On Hand	Total Doses On Hand

- Instructions:** 1. Complete this form before you order more 317 vaccines.
 2. Transfer all lot numbers, expiration dates, and total doses on hand of all vaccines on this form to the 317 Vaccine Order Form.

Select one:

VFA LHD 317

REFRIGERATOR

											Additional Space		
Vaccine	Brand	Presentation	Doses/Box	Lot Numbers	Expiration Date	# Doses on Hand	Lot Numbers	Expiration Date	# Doses on Hand	Total Doses on Hand			
COVID-19	<input type="checkbox"/> Comirnaty	Syringes	10										
	<input type="checkbox"/> Nuvaxovid												
	<input type="checkbox"/> Spikevax												
HepA	<input type="checkbox"/> Havrix	Syringes	10										
	<input type="checkbox"/> Vaqta												
HepB	<input type="checkbox"/> Engerix-B	Syringes	<input type="checkbox"/> 5										
	<input type="checkbox"/> Hepplisav-B		<input type="checkbox"/> 10										
	<input type="checkbox"/> Recombivax HB												
HPV	Gardasil 9	Syringes	10										
IPV	IPOL	Vials	10										
Men ACWY	<input type="checkbox"/> MenQuadfi	Vials	<input type="checkbox"/> 5										
	<input type="checkbox"/> Menveo		<input type="checkbox"/> 10										
MMR	Priorix only	Vials	10										
PCV	<input type="checkbox"/> Prevnar 20	Syringes	10										
	<input type="checkbox"/> Capvaxive												
RSV	<input type="checkbox"/> Abrysvo	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	<input type="checkbox"/> 1										
	<input type="checkbox"/> Arexvy		<input type="checkbox"/> 5										
	<input type="checkbox"/> mRESVIA		<input type="checkbox"/> 10										
RZV	Shingrix	Vials	10										
Tdap	<input type="checkbox"/> Adacel	<input type="checkbox"/> Vials <input type="checkbox"/> Syringes	<input type="checkbox"/> 5										
	<input type="checkbox"/> Boostrix		<input type="checkbox"/> 10										

FREEZER

											Additional Space		
Vaccine	Brand	Presentation	Doses/Box	Lot Numbers	Expiration Date	# Doses on Hand	Lot Numbers	Expiration Date	# Doses on Hand	Total Doses on Hand			
COVID-19	Spikevax only	Syringes	10										
MMR	M-M-R-II only	Vials	10										
VAR	Varivax	Vials	10										