VACCINE ADMINISTRATION MONTHLY REPORT FOR ALL PROVIDERS

NORTH DAKOTA DEPARTMENT OF HEALTH
SFN 53774 (01-09)

Division of Disease Control
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Provider Name/Facility:	Provider Number:	• **This report is due at the State Health Department before vaccine orders can be processed. Record each dose of vaccine given according to the type and the recipient's age.** • **Total all age groups by antigen type and record.** • **Record the number of doses of each antigen type that is in storage on the last day of the month under "Current Inventory."**
Person Reporting:	Month:	

Number of Doses of Vaccine Administered by Age Group

Vaccine	< 1	1	2	3-4	5-6	7-9	10-14	15-19	20-24	25-44	45-64	65 +	Unknown	Total	Doses in Current Inventory
DTaP or DT															
DTaP/Hib															
DTaP/HepB/ IPV															
DTaP/Hib/IPV															
DTaP/IPV															
Hep A															
Hep B															
HPV															
Hib															
Influenza															
IPV															
Meningococcal															
MMR															
MMRV															
PCV-7															
PPV-23															
Rotavirus															
Shingles															
Td															
Tdap															
Varicella															