

Vaccine Transport Hourly Monitoring

Date _____ Time prepared _____

Vaccine Packed by _____

Frozen Refrigerated (circle one) Vaccine Type _____

Lot Numbers _____

Total Doses _____ Inventory Sheet Attached

Diluents enclosed Yes No N/A (circle one)

VFC Provider & Pin Number _____

Person Transporting _____

TIME		TEMPERATURE	
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F
	am or pm		C F

Facility Accepting Vaccine _____

Date Received _____ Time Received _____

Frozen Refrigerated (circle one) Vaccine Type _____

Lot Numbers _____

Total Doses _____ Inventory Sheet Attached

The above vaccine has been transported in accordance with CDC guidelines and has been accepted and stored appropriately following transport

Signature of person transporting vaccine _____ Signatures on Inventory Sheet

Signature of person accepting vaccine _____

Vaccine Transport Inventory Sheet

Date _____ Time prepared _____

VFC Provider & Pin Number _____

Vaccine Packed by _____

Frozen Refrigerated (circle one)

Diluents enclosed Yes No N/A (circle one)

VACCINE	BRAND NAME & NUMBER OF DOSES				LOT NUMBERS	
DTaP	Daptacel		Tripedia		Infanrix	
DTaP-HepB-IPV	Pediarix					
Dtap-IPV-Hib	Pentacel					
Dtap-IPV	Kinrix					
Hep A-Peds	Havrix		Vaqta			
HepB	Engerix		Recombivax			
Hep B-Hib	Comvax					
Hib	ActHIB		PedvaxHIB		Hiberix	
HPV	Gardasil		Cervarix			
IPV polio	IPV					
MCV4 Mening	Menactra		Menveo			
MMR	MMR					
MMRV	ProQuad					
PCV 13	Prevnar					
Pneumovax 23	PPV 23					
Rotavirus	Rotateq		Rotarix			
Td	Tenivac		Decavac			
Tdap	Adacel		Boostrix			
Varicella	Varivax					
OTHER						

Facility Accepting Vaccine _____

Date Received _____ Time Received _____

Frozen Refrigerated (circle one)

Diluents enclosed Yes No N/A (circle one)

Signature of person transporting vaccine

Signature of person accepting vaccine

The above vaccine has been transported in accordance with CDC guidelines
and has been accepted and stored appropriately following transport

Questions generated by transfer form:

1. All Transportforms must be kept on file for three years, and be available on request
- 2 The form may be tweaked to meet the needs of the district /county.
3. Please retain the signatures of the person transferring anf the person receiving the vaccine
4. A form should be used for every transfer to assure reponsible transfer.
5. Misspelled Gardasil
6. Added Lot Numbers.