

Complete this form each time you administer PA VFC vaccines. This form will help you track the vaccines by manufacturer, lot number, and the name/age of the child who received the vaccine. This form will also have all the information you will need in the event of a vaccine recall.

When you receive a vaccine order, enter the manufacturer, lot number, and expiration date of each vaccine in the appropriate column.

- Enter the name and age of the child and place a hash mark in the column of the vaccine(s) administered.
- Retain this form for a minimum of three years.
- This form must be available for review upon request.



MANUFACTURER		SP - GSK	SP - GSK	GSK	SP	M	M - GSK	GSK - M	M - SP - GSK
LOT NUMBER									
<b>EXPIRATION DATE</b>									
NAME OF PATIENT	AGE	DTaP	DTaP-IPV	DTaP-Hep B-IPV	DTaP-IPV- HIB	DTaP-IPV- HIB-Hep B	Hep A Peds	Hep B Peds	НІВ

Legend:

A = AstraZeneca

G = Grifols

GSK = GlaxoSmithKline

M = Merck

P = Pfizer

SP = Sanofi Pasteur

S = Seqirus



MANUFACTURER		M	P - GSK	SP - GSK	M	М	P	M	M - GSK
LOT NUMBER									
EXPIRATION DATE									
NAME OF PATIENT	AGE	HPV	MenB	MCV4	MMR	MMRV	PCV13	PPV23	Rotavirus
							10120	11111	1100011100

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MANUFACTURER		SP - G	GSK - SP	M	SP – GSK - S - A		
LOT NUMBER							
EXPIRATION DATE							
NAME OF PATIENT	AGE	Td	Tdap	Varicella	Flu		
			-				

**Legend:** A = AstraZeneca G = Grifols GSK = GlaxoSmithKline M = Merck P = Pfizer SP = Sanofi Pasteur

S = Seqirus