



State of Nevada
 Dept of Health and Human Services
 Nevada State Immunization Program
 4150 Technology Way, Ste 210
 Carson City, NV 89706
 Fax to (775) 684-8338

This Form for VFC FLU Vaccine only - DO NOT report 317 or Private Vaccine on this form

2016-2017 SEASON

VFC FLU Vaccine Inventory Accountability Form

Facility Name:	PIN:
Contact:	
Direct Phone Line:	

Use this form to report your facility's influenza vaccine usage. Complete and submit this form with your regular VFC monthly paperwork. Use the "VFC Influenza Vaccine Request Form" to order more VFC Flu at any time during the month.

VFC FLU VACCINE REPORTING SECTION								Reporting Period		Total End of Month Refrigerator Count
PRINT CLEARLY DO NOT submit with tick marks on form DO NOT zero fill boxes			VFC ELIGIBLE				Begin:		Total Administered	
	Lot Number	Exp Date	Nevada Check-Up	Medicaid	Uninsured	Underinsured	Native American/ Alaska Native	End:		
								0-18 yrs		≥ 19 yrs
Fluarix-GSK, NDC 58160-0905-52 0.5mL syringe, 36 Months +, QUAD										
FluLaval-GSK, NDC 19515-0903-11 5mL multi-dose vial, 36 Months +, QUAD										
Fluzone-Sanofi, NDC 49281-0516-25 0.25mL syringe, 6-35 Months, QUAD										
Fluzone-Sanofi, NDC 49281-0625-15 5mL multi-dose vial, 6 Months +, QUAD										
Fluzone-Sanofi, NDC 49281-0416-50 0.5mL syringe, 36 Months +, QUAD										
Flucelvax-Seqirus, NDC 70461-0200-01 0.5 mL syringe, 4 Years +, QUAD										

Enter Total Numbers Above - do not separate out by Lot Number

