



State of Nevada
 Department of Health and Human Services
 Nevada State Immunization Program
 4150 Technology Way, Ste 210
 Carson City, NV 89706
 Fax to (775) 684-6338

317 Eligibility Report of Doses Administered

Facility Name:	PIN#:
Primary/Back-up Vaccine Coord:	Form 3
Direct Phone Line:	Eligibility
Reporting Period	
Begin:	
End:	

PRINT CLEARLY
 This form is for 317 Vaccines only (NOT for VFC or Private)

VFC ELIGIBLE

DO NOT Submit With Tick Marks DO NOT Zero Fill Boxes	Uninsured	Underinsured		Non-VFC Eligible and Non-Nevada Check-Up (Do not include privately purchased vaccine)		Totals
				0-18 yrs	≥ 19 yrs	
				Hep A - Adult		
Hep B - Adult						
Hep A/B - Adult						
HPV 4						
MCV4						
Zoster						
PPSV -23						
PCV13						
Tdap (State Funded)						
MMR						
Varicella						

Other Vaccine (NOT FLU*):							

*Flu Vaccine reported on separate form
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