MISSOURI ADULT HEPATITIS INITIATIVE TALLY SHEET

CLINIC NAME_____ **CLINIC SETTING**_____ **PIN #** _____

DATE	NAME	AGE GROUP (check one)				VACCINE ADMINISTERED	
		19-24 Yrs	25-44 Yrs	45-64 Yrs	≥65 Yrs	Hep B – Adult	Hep A/Hep B
TOTALS							
PROVIDER SIGNATURE		DATE			ACCOUNTING PERIOD FROM TO		

Rev. – 5/09