Vaccine Accountability Tally Sheet-Page 1

DATE/NAME	AGE GROUP				CATEGORY (check only one)				VACCINES																											
	<1 Yr	1-2 Yrs	3-6 Yrs	7-18 Yrs	Medicaid	Uninsured	Amer.Indian/Alaska Native	Underinsured **FQHC/RHC/LPHA**	DT 49281-0225-10	Daptacel 49281-0286-10	Infanrix vials 58160-0810-11	Infanrix syr 58160-0810-52	Kinrix vials 58160-0812-11	Kinrix syr 58160-0812-52	Pedianix 58160-0811-52	Pentacel 49281-0510-05	IPOL 49281-0860-10	Vaqta vials 00006-4831-41	Vaqta syr 00006-4095-02	Havrix vials 58160-0825-11	Havrix syr 58160-0825-52	Engerix B vials 58160-0820-11	Engerix B syr 58160-0820-52	Recombivax vials 00006-4981-00	Recombivax syr 00006-4093-02	ActHIB 49281-0545-03	ActHIB 49281-0545-05	Hiberix 58160-0818-11	PedvaxHIB 00006-4897-00	MenHibrix 58160-0801-11	Gardasil 9 00006-4119-03	Gardasil 00006-4045-41	Cervarix 58160-0830-52

ACCOUNTABILITY PERIOD	DATE	PIN
FROM_____ TO _____		

Missouri Department of Health and Senior Services
Bureau of Immunizations • 930 Wildwood Drive • Jefferson City, MO • 65109
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Vaccine Accountability Tally Sheet-Page 2

DATE/NAME	AGE GROUP				CATEGORY (check only one)				VACCINES																											
	<1 Yr	1-2 Yrs	3-6 Yrs	7-18 Yrs	Medicaid	Uninsured	Amer.Indian/Alaska Native	Underinsured **FQHC/RHC/LPHA**	Menactra 49281-0589-05	Menveo 46028-0208-01	Bexsero 46028-0114-01	Bexsero 46028-0114-02	Trumenba 00005-0100-10	Prevnar-13 00005-1971-02	Pneumo-23 00006-4943-00	RotaTeq (10 pkg) 00006-4047-41	RotaTeq (25 pkg) 00006-4047-20	Rotarix 58160-0854-52	Tenivac vials 49281-0215-10	Tenivac syr 49281-0215-15	Boostrix vials 58160-0842-11	Boostrix syr 58160-0842-52	Adacel vials 49281-0400-10	Adacel syr 49281-0400-15	MMR-II 00006-4681-00	Proquad 00006-4171-00	Varivax 00006-4827-00	Fluzone 0.25 mL syr	Flucelvax 0.5 mL syr	Fluzone 0.5 mL vial	Fluzone 0.5 mL syr	Fluarix 0.5 mL syr	Fluzone 5 mL multi-dose

ACCOUNTABILITY PERIOD	DATE	PIN
FROM_____ TO _____		