Vaccine Accountability Tally Sheet-Page 1

	AGE GROUP				CATEGORY (check only one)				VACCINES																						
DATE/NAME	<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	Tripedia 49281-0298-10	Infanrix vials 58160-0810-11	Infanrix syr 58160-0810-52	Kinrix vials 58160-0812-11	Kinrix syr 58160-0812-52	Pediarix 58160-0811-52	Pentacel 49281-0510-05	IPOL 49281-0860-10	Vaqta vials 00006-4831-41	Vaqta syr 00006-4095-09	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 00006-4093-09	PedvaxHIB 00006-4897-00	ActHIB 49281-0545-05	Gardasil 00006-4045-41	Cervarix 58160-0830-52

ACCOUNTABILITY PERIOD	DATE	PIN
FROM_____ TO _____		

Missouri Department of Health and Senior Services
Bureau of Immunization Assessment and Assurance • 930 Wildwood Drive • Jefferson City, MO • 65109
800.219.3224 • Fax: 573.526.5220

Vaccine Accountability Tally Sheet-Page 2

	AGE GROUP				CATEGORY (check only one)				VACCINES																							
DATE/NAME	<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	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	Td Tenivac 49281-0215-15	Td (Merck) 00006-4133-41	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 00006-4999-00	Varivax 00006-4827-00	Fluzone 0.25 mL syr 49281-0113-25	Fluarix 0.5 mL syr 58160-0900-52	Fluzone 0.5 mL syr 49281-0013-50	Fluzone 0.5 mL vial 49281-0013-10	Fluvirin 0.5 mL syr 66521-0116-02	Fluzone 5 mL multi-dose 49281-0392-15	Fluvirin 5 mL multi-dose 66521-0116-10	FluMist 0.2 mL sprayer 66019-0300-10

ACCOUNTABILITY PERIOD	DATE	PIN
FROM_____ TO _____		

Vaccine Accountability Totals Sheet

This report must be completed and submitted monthly by all deputized Local Public Health Agencies.

LPHAs must return this Totals Sheet at the end of your accountability period to meet the terms of the Deputization MOU. This sheet can be faxed to us at 573-526-5220.

Number of Doses administered to and number of underinsured children immunized by age:

Underinsured Children

Age	# of doses administered	# of children immunized
<1 yr		
1-2 yrs		
3-6 yrs		
7-18 yrs		

ACCOUNTABILITY PERIOD	DATE	PIN
FROM_____ TO _____		