MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
BUREAU OF IMMUNIZATIONS
VACCINES FOR CHILDREN PROGRAM

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VACCINE ACCOUNTABILITY TALLY SHEET - PAGE 1

930 Wildwood Drive
Jefferson City, MO 65109
800.219.3224 • FAX: 573.526.5220

DATE/NAME/LOT#	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 FOHC/RHC/LPHA	DT 49281-0225-10	Daptacel 49281-0286-10	Quadracel vials 49281-0562-10	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 00006-4095-02	Havrix vials 58160-0825-11	Havrix syr 58160-0825-52	Engerix B syr 58160-0520-52	Recombivax vials 00006-4981-00	Recombivax syr 00006-4093-02	ActHIB 49281-0545-03	Hiberix 58160-0818-11	PedvaxHIB 00006-4897-00	Gardasil 9 00006-4119-03	Gardasil 9 00006-4121-02	Menactra 49281-0589-05	Menveo 58160-0955-09	Bexsero 58160-0976-20	Bexsero (1 dose) 58160-0976-06	Trumenba 00005-0100-10

ACCOUNTABILITY PERIOD

FROM: _____ **TO:** _____

DATE

PIN

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DATE/NAME/LOT#	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 FOHC/RHC/LPHA	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 Grifols 13533-0131-01	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	Adacel syr 49281-0400-20	MMR-II 00006-4681-00	Proquad 00006-4171-00	Varivax 00006-4827-00	Fluzone 0.25 mL syringe	Flucelvax 0.5 mL syringe	Fluzone 0.5 mL vial	Fluzone 0.5 mL syringe	Fluarix 0.5 mL syringe	Fluzone 5 mL multi-dose	FluLaval 0.5 mL syringe	FluLaval 0.5 mL multi-dose	Flu Mist .2 mL Sprayer		

ACCOUNTABILITY PERIOD	DATE	PIN
FROM: ____________________ **TO:** ____________________		