

Illinois Department of Public Health	Name of Physician's Office ¹	Date ²	VFC PIN ³
Vaccine Accountability Form (rev. 3/2010)	Delivery Address ⁴	Contact Person ⁵	

ENTER THE NUMBER OF STATE SUPPLIED DOSES ADMINISTERED, LOST, EXPIRED, BROKEN, ETC. (wastage) SINCE THE LAST REPORT WAS SUBMITTED AND DOSES REMAINING ON HAND .

Doses Administered by Year of Age																6 Wastage Lot # and doses lost, expired, broken, etc.)	Current Inventory ⁷	
Vaccine	<1	1	2	3-5	6	7-10	11-12	13-18	19-20	21-24	25-44	45-64	65+	UNK	TOTAL		Doses on Hand	Expiration
Enter the number of doses given by age (in years) and by specific dose sequence																		
DTaP	1																	
	2																	
	3																	
	4+																	
DTaP-HepB-IPV	1																	
	2																	
	3+																	
DTaP-IPV-HIB (Pentacel®)	1																	
	2																	
	3																	
	4																	
DtaP-IPV (Kinrix®)	1																	
Hep B	1																	
	2																	
	3+																	
HepB-Hib	1																	
	2																	
	3																	
Hib	1																	
	2																	
	3																	
	4+																	
IPV	1																	
	2																	
	3																	
	4+																	

1. Enter your facility name. 4. Enter the delivery address for your facility. 7. Enter the current number of doses on hand by vaccine type and expiration date.
2. Enter date completed. 5. Enter the name of the person we may call if we have questions.
3. Enter six-digit VFC (PIN) number. 6. Enter the total doses lost, expired, broken, wasted, etc., AND the coinciding lot number(s).

Doses Administered by Year of Age							Facility Name (Please Print) ¹										VFC PIN ³		
Vaccine	<1	1	2	3-5	6	7-10	11-12	13-18	19-20	21-24	25-44	45-64	65+	UNK	TOTAL	6 Wastage and doses lost, expired, broken, etc.)	Lot #	Current Inventory ⁷	
	Enter the number of doses given by age (in years) and by specific dose sequence																	Doses on Hand	Expiration
MMR	1																		
	2																		
MMRV	1																		
	2																		
Varicella	1																		
	2+																		
Hep A	1																		
	2																		
HPV	1																		
	2																		
	3																		
Influenza PF (Pediatric Formula)	1																		
	2																		
Influenza	1																		
	2																		
Influenza (LAIV)																			
MCV4	1																		
Pneumo 7 (Prevnar)	1																		
	2																		
	3																		
	4																		
Pneumo 23	1																		
	2+																		
Rotavirus	1																		
	2																		
	3																		
Td	1																		
	2																		
	3+																		
Tdap (Adacel)																			
Tdap (Boostrix)																			

1. Enter your facility name. 4. Enter the delivery address for your facility. 7. Enter the current number of doses on hand by vaccine type and expiration date.
2. Enter date completed. 5. Enter the name of the person we may call if we have questions.
3. Enter six-digit provider (PIN) number. 6. Enter the total doses lost, expired, broken, wasted, etc., AND the coinciding lot number(s).