

Nursing Station Worksheet

Facility/Provider _____ Month _____ Year _____

VFC VACCINE ACCOUNTABILTY IS DUE BY THE 15TH OF EACH MONTH

Directions:

1. Circle or underline the dose in the immunization series for each vaccine given
2. Administration date needs to be documented in the MM/DD/YY format
3. Initials of the person administering the vaccine can be used as long as the person can be identified in the future.
4. Please make as many blank copies as necessary

Name	Age	DTaP/ IPV/ Hib	DTaP/ IPV/ Hep B	DTaP	EIPV	Hep B	PCV- 7	Hib	Rotav- irus	M M R	Vari- cella	Hep A	Tdap	MCV 4	HPV	DT 2mo-7 yrs	Td 7-18	Hep A/ Hep B	Flu- zone 6mo- 3yrs	Flu 3-18 yrs	Flu- mist 5-18 yrs	Pneu- mo 23	Date	Admin name
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		
		12 34	123	123 45	12 34	12 34	12 34	12 34	123	12 12	12	12	1	1	123	12 34	123	123	12	12	12	1		