Florida Vaccines for Children (VFC) Program

Vaccine Usage Worksheet

PIN #:_____________

***Check below the appropriate box for eligibility and vaccines.**

A	B	C																				D																					
		VFC Eligibility*																				Vaccines*																					
		<1 YEAR				1-6 YEARS				7-10 YEARS				11-12 YEARS				13-18 YEARS																									
Patient ID	Shot Date	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	DTaP	DTaP/Hep B/IPV	Kinrix	Pentacel	Hep A	Hep B	Hep B/Hib	Hib	HPV	EIPV (Polio)	Meningococcal	MMR	PCV-7	Rotavirus	Rotarix	Td	Tdap	Flu (0.25ml)	Flu (0.50mi)	FluMist	Varicella	MMRV
Totals																																											

Record the total number of children immunized by age and VFC eligibility

	E	F	G	H	I
	<1 YEAR	1-6 YEARS	7-10 YEARS	11-12 YEARS	13-18 YEARS
Medicaid					
No Insurance					
Underinsured					
American Indian/Alaskan Native					
TOTAL CHILDREN IMMUNIZED					

Mailing Adrress:
FL Department of Health
Bureau of Immunization
4052 Bald Cypress Way, Bin A-11
Tallahassee, Florida 32399-1700

Fax: (850) 245-4734
Phone: 1-800-483-2543

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