Maine Immunization Program -- Adult Monthly Report of Vaccine Usage

62851

Pin # | Person Completing Form | Name | Phone | Address | Month -Year Reporting | State | Zip | City | Date Report Completed

Vaccine/ Trade Name	NDC	DOSE	Number of Doses Administered within Age Groups: 19-24	25-44	45-64	65+	Total Doses Given (Per Row)	Previous Balance	Subtract: Total Given (Per Vaccine)	Subtract: Total Doses Wasted	Subtract: Total Doses Transferred	Add: Total Doses Accum	Add: Amount Received	Equals: Balance in Refrig.
Hep B -Adult		1												
Engerix-B		2												
	58160-0821-11	3												
MMR		1												
MMR-II	00006-4681-00	2												
Varicella (VZV)		1												
Varivax	00006-4827-00	2												
TDaP/Adacel	49281-0400-10	1												
Flu .50 prefilled syringe Fluzone		1												
	49281-0008-50	2												
Flu Multi-dose vial Fluzone		1												
	49281-0382-15	2												
Flu Intranasal Flumist		1												
	66019-0106-01	2												
Pneumo 23 (Polysac) Pneumovax		1												
	00006-4739-00	2												