Maine Immunization Program -- Adult Monthly Report of Vaccine Usage

24481

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	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		1												
Fluzone	49281-0010-50	2												
Flu Multi-dose vial		1												
Fluzone	49281-0384-15	2												
Flu Intranasal		1												
Flumist	66019-0108-10	2												
Pneumo 23 (Polysac)		1												
Pneumovax	00006-4739-00	2												