



**SAN ANTONIO METROPOLITAN HEALTH DISTRICT  
MONTHLY VACCINE/TOXOID/BIOLOGICAL INVENTORY BY LOT NUMBER**

Inventory for the month/year of: \_\_\_\_\_ Provider Name: \_\_\_\_\_ VFC Pin: \_\_\_\_\_  
 Address: \_\_\_\_\_ Person Completing Report: \_\_\_\_\_ Phone: \_\_\_\_\_

Type of Vaccine/Toxoid/Biological	Lot Number	Expiration Date	Number of Vials	Total Doses	Total
<b>DTaP</b> Diptheria/Tetanus/Pertussis <input type="checkbox"/> Tripedia <input type="checkbox"/> Daptacel <input type="checkbox"/> Infanrix					
	Grand Total Number of Doses				
<b>DPH</b> DTaP/Hepatitis B/IPV					
	Grand Total Number of Doses				
<b>DTaP/IPV</b> Diptheria/Tetanus/Pertussis/Polio					
	Grand Total Number of Doses				
<b>DIH</b> Diptheria/Tetanus/Pertussis/Polio/ Haemophilus B					
	Grand Total Number of Doses				
<b>TDaP</b> Tetanus/Diptheria/Pertussis <input type="checkbox"/> Boostrix <input type="checkbox"/> Adacel					
	Grand Total Number of Doses				
<b>Td</b> Tetanus <input type="checkbox"/> Decavac <input type="checkbox"/> MassBiologics					
	Grand Total Number of Doses				
<b>HPF</b> Hepatitis B Preservative Free <input type="checkbox"/> Enderix B <input type="checkbox"/> Recombivax B					
	Grand Total Number of Doses				
<b>HAP</b> Hepatitis A <input type="checkbox"/> Vaqta <input type="checkbox"/> Havrix					
	Grand Total Number of Doses				
<b>Hib</b> Haemophilus Influenzae Type B <input type="checkbox"/> PedvaxHIB <input type="checkbox"/> ActHIB <input type="checkbox"/> Hiberix					
	Grand Total Number of Doses				



**SAN ANTONIO METROPOLITAN HEALTH DISTRICT  
MONTHLY VACCINE/TOXOID/BIOLOGICAL INVENTORY BY LOT NUMBER**

Type of Vaccine/Toxoid/Biological	Lot Number	Expiration Date	Number of Vials	Total Doses	Total
<b>HPV Human Papillomavirus</b> <input type="checkbox"/> Cervarix <input type="checkbox"/> Gardasil					
	Grand Total Number of Doses				
<b>IPV Inactivated Polio Vaccine</b>					
	Grand Total Number of Doses				
<b>MMR Measles/Mumps/Rubella</b>					
	Grand Total Number of Doses				
<b>MMV Measles/Mumps/Rubella/ Varicella</b>					
	Grand Total Number of Doses				
<b>MCV4 Meningococcal Vaccine</b> <input type="checkbox"/> Menactra <input type="checkbox"/> Menveo					
	Grand Total Number of Doses				
<b>PCV13 Pneumococcal conjugate</b>					
	Grand Total Number of Doses				
<b>Rotavirus</b> <input type="checkbox"/> RotaTeq <input type="checkbox"/> Rotarix					
	Grand Total Number of Doses				
<b>Varicella Chickenpox Vaccine</b>					
	Grand Total Number of Doses				
<b>PPD</b>					
	Grand Total Number of Doses				
<b>FLU/FPF</b>					
	Grand Total Number of Doses				

If any of the above vaccines cannot be used within 3 months prior to the expiration date, please notify Anthony Johnson at the Vaccine Depot 207-4015/4308 or by fax 922-9938. Instructions: Use a separate line for each size vial and each lot number of biological. Complete each column. Expired vaccines should be listed on this form and noted as expired. This form is to be submitted by the 8th of each month following the reporting period. Completed refrigerator Temperature Logs and Waste Reports should also be submitted with this form by mail or by fax to 224-5710. All completed consent forms should be mailed weekly.