



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

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

Type of Vaccine/Toxioid/Biological	Lot Number	Expiration Date	Number of Vials	Total Doses	Total
<b>DTaP</b> Diptheria/Tetanus/Pertussis					
	Grand Total Number of Doses				
<b>DPH DTaP</b> /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					
	Grand Total Number of Doses				
<b>Td</b> Tetanus					
	Grand Total Number of Doses				
<b>HPF</b> Hepatitis B Preservative Free					
	Grand Total Number of Doses				
<b>HAP</b> Hepatitis A					
	Grand Total Number of Doses				
<b>Hib</b> Haemophilus Influenzae Type B					
	Grand Total Number of Doses				



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Type of Vaccine/Toxioid/Biological	Lot Number	Expiration Date	Number of Vials	Total Doses	Total
<b>HPV</b> Human Papillomavirus					
	Grand Total Number of Doses				
<b>IPV</b> Inactivated Polio Vaccine					
	Grand Total Number of Doses				
<b>MMR</b> Measles/Mumps/Rubella					
	Grand Total Number of Doses				
<b>MMV</b> Measles/Mumps/Rubella/ Varicella					
	Grand Total Number of Doses				
<b>MCV4</b> Meningococcal Vaccine					
	Grand Total Number of Doses				
<b>PCV</b> Pneumococcal conjugate					
	Grand Total Number of Doses				
<b>RT 3</b> Rotavirus, 3 dose series					
	Grand Total Number of Doses				
<b>Varicella</b> Chickenpox Vaccine					
	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.