REPORTING TALLY SHEET - Revised June 2005

For VFC Vaccines

Reporting Month_____Year_____

Date	Client Name	Check Age				Circle All Vaccines Given Today	Check Type of Eligibility						
							VFC					CHD Only	
		<1 Yr	1-2 Yr	3-6 Yr	7-18 Yr		Medicaid	HealthWave	Native Am.	Uninsured	*Under-Insured	*Under-Insured	Under-Served
						DTaP DTaP-HepB/EIPV Dt Td Polio MMR VAR HepA HepB HepB-HIB HIB PCV7 MCV4 FLU							
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*** Only certified FQHC's and RHC's may administer VFC vaccine to this category.**

This is a tally sheet only, all data must be transferred to the **Monthly Immunization Report** for submittal.