



Vaccine *USEAGE* Report Age- Specific Doses Administered

Unit / Facility Name: _____ Unit / Facility Address (Building Number): _____
 Person Completing Form: _____ Title: _____ E-mail Address: _____
 Telephone Number: _____ FAX: _____

On the appropriate line designated for each vaccine, enter the total number of doses given according to age groups indicated.
PLEASE DO NOT USE HASH MARKS. Use additional copies for worksheets or if needed.

Vaccine	TOTAL DOSES GIVEN, BY PATIENT AGE-GROUP													
	<1	1	2	3 to 5	6	7 to 10	11 to 12	13 – 17	18 to 24	25 to 44	45 to 64	65+	Unknown	Total
Incorrect Example			III	II	IIIIII	II							0	13
Correct Example	0	0	3	2	6	2							0	13
Adacel (Adult Tdap)														
Anthrax														
DTap														
Gardasil														
HEP A (Adult)														
HEP B (Adult)														
IPV														
JEV														
Meningococcal														
MMR														
PPD														
Rabies														
Smallpox														
Tetanus														
Twinrix														
Typhoid														
Varicella														
Yellow Fever														
Zostavax														
Beneficiary Primary Care Clinics ONLY below this line														
Boostrix (Tdap)														
HEP A (Peds)														
HEP B (Peds)														
HiB														
Pediarix														
Pneumoccal														
Pevnar														
Rotateq														

** THIS REPORT IS SUBMITTED EACH MONTH WITH THE VACCINE ORDER FORM AND / OR VACCINE RETURN FORM