Ohio Department of Health - Immunization Program
VACCINES FOR CHILDREN (VFC) PROGRAM
Immunization Program, 35 E. Chestnut, 6th Floor, Columbus, OH 43215
FAX: 614.564.2508

*2016-17 Influenza Accountability Sheet**

Please select month vaccine was adminstered	
❑ September	❑ January
❑ October	❑ February
❑ November	❑ March
❑ December	❑ April

Provider's Name	Contact Name	VFC provider number
Provider's Address	Telephone Number ( )	Medicaid number
City	Zip	

Please complete all sections on this form

Patient Name	Date of Birth	Date of Service (month/day)	PATIENT ELIGIBILITY STATUS and VACCINE DOSES ADMINISTERED								
			Preservative free (QIV) (.25 ml dose) VFC Only 6-35 months			Non-Preservative Free (QIV) (0.5 ml dose) VFC Only 3-18 years			Preservative free (QIV) (.5 ml dose) VFC Only 3-18 years		
			MEDICAID & MED. HMO'S	NO INSURANCE (Self pay)	NATIVE AMER or ALASKAN	MEDICAID & MED. HMO'S	NO INSURANCE (Self pay)	NATIVE AMER or ALASKAN	MEDICAID & MED. HMO'S	NO INSURANCE (Self pay)	NATIVE AMER or ALASKAN
1	/ /	/									
2	/ /	/									
3	/ /	/									
4	/ /	/									
5	/ /	/									
6	/ /	/									
7	/ /	/									
8	/ /	/									
9	/ /	/									
10	/ /	/									
11	/ /	/									
12	/ /	/									
13	/ /	/									
14	/ /	/									
15	/ /	/									
16	/ /	/									
17	/ /	/									
18	/ /	/									
19	/ /	/									
20	/ /	/									
TOTAL *DOSES GIVEN FOR EACH CATEGORY* : (i.e., add doses given in all eligibility categories for each type of flu vaccine)											

Provider's signature: **Date: / /**

Sheets to be kept on file for 6 years