

Accountability Period From: 1/2/2015 To: 3/6/2015		Date of Service (mo / day)	<input checked="" type="checkbox"/> Check when 1st dose of VFC vaccine is given during calendar year	PATIENT ELIGIBILITY STATUS (Check ONE BOX for each child at FIRST VISIT ONLY!)									VACCINE DOSES ADMINISTERED You may use check marks for each dose administered. If you prefer to record lot numbers, a larger version of this form is available upon request.																			
Name	Date of Birth			Age is under 1 Year			Age is 1 to 6 Years			Age is 7 to 18 Yrs			DTaP or Ped DT *	DTaP + Hib + IPV (Pentacel)	DTaP + Hep B + IPV (Pediarix)	DTaP + IPV (Kinrix)	Hep A	Hep B	HIB	Human Papillomavirus (HPV)	IPV	MMR	Meningococcal (MCV4)	Pneumococcal PCV (or PPV *)	Rotavirus	Tdap or Td	VAR					
				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 Johnny Jones	10/12/2014	1/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
2 Peter Peters	7/9/2014	1/3	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>																											
3 Sonya Bates	5/19/2009	1/6	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																							
4 Harry Harrison	9/14/2014	1/6	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>																											
5 Mary Martin	6/30/2014	1/12	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>																											
6 Kayla Sheridan	4/12/2010	1/15	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																							
7 Carrie Cairns	11/20/2014	1/17	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
8 Billy Gates	3/11/2011	1/23	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																							
9 Bobby Blue	2/25/2014	1/25	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>																											
10 Willie White	6/29/2010	1/28	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																							
11 Jenny Green	10/19/2014	2/2	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
12 Billy Brown	9/4/2014	2/4	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
13 Lizzie Lyons	7/8/2010	2/7	<input checked="" type="checkbox"/>						<input checked="" type="checkbox"/>																							
14 Tori Black	3/19/2000	2/9	<input checked="" type="checkbox"/>																													
15 Tiffany Black	12/28/2014	2/9	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>																												
16 Jason Jacobs	11/23/2003	2/9	<input checked="" type="checkbox"/>																													
17 Georgie Porgie	12/17/1999	2/19	<input checked="" type="checkbox"/>																													
18 Heidi Hunter	8/19/2014	2/28	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>																											
19 Sarah Sharp	8/9/2002	3/1	<input checked="" type="checkbox"/>																													
20 Peter Peters	7/9/2014	3/5																														
TOTAL FIRST VFC VISITS: (must equal sum of age totals)			19	5	5	0	3	2	0	2	2	0	2	6	1	2	2	4	3	2	4	5	2	5	7	2	3					
Provider's Signature: <i>Will Not Hurt, MD</i>											Date: 3/6/15											TOTAL DOSES GIVEN AT ALL VFC VISITS - Use these numbers to calculate projected 3 - month usage when ordering vaccine										

This is a sample page to illustrate the use of the Accountability Sheet