

Log of Children Receiving Vaccines for Children (VFC) Vaccines

(1.) Indicate the child's VFC eligibility: List Medical Assistance Number if applicable. If Child is uninsured, write in "Uninsured". If Child is under-insured (insurer does not pay for cost of vaccines), write in the insurer and policy information. (2.) Check (✓) each vaccine administered. (3.) Total the number of doses.

VFC PIN:
PRACTICE:
DATE RANGE: / / to / /

DTap	Hep A	Hep B	Hib	HPV	Influenza	Kinrix	MCV 4	MMR	PCV 13	Pediarix	Pentacel	Polio	Proquad	Rotavirus	Tdap	Varicella
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CHILD'S NAME	DOB	VFC ELIGIBILITY	DTap	Hep A	Hep B	Hib	HPV	Influenza	Kinrix	MCV 4	MMR	PCV 13	Pediarix	Pentacel	Polio	Proquad	Rotavirus	Tdap	Varicella	
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13.	/ /																			
14.	/ /																			
VACCINE DOSE TOTALS ➤																				