Florida Vaccines for Children (VFC) Program

Vaccine Usage Worksheet

PIN #:_____________

**** Check below the appropriate box for eligibility and vaccines.***

A	B	C																				D																					
		VFC Eligibility*																				Vaccines*																					
		<1 YEAR				1-6 YEARS				7-10 YEARS				11-12 YEARS				13-18 YEARS																									
Patient ID	Shot Date	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	Medicaid	No Insurance	Underinsured	Am. Indian/AK Native	DTaP	DTaP/Hep B/IPV	Kinrix	Pentacel	Hep A	Hep B	Hep B/Hib	Hib	HPV	EIPV (Polio)	Meningococcal	MMR	PCV-7	Rotavirus	Rotarix	Td	Tdap	Flu (0.25ml)	Flu (0.50ml)	FluMist	Varicella	MMRV
Totals																																											

	E	F	G	H	I
Record the total number of children immunized by age and VFC eligibility	<1 YEAR	1-6 YEARS	7-10 YEARS	11-12 YEARS	13-18 YEARS
Medicaid					
No Insurance					
Underinsured					
American Indian/Alaskan Native					
TOTAL CHILDREN IMMUNIZED					

Mailing Adrress:
FL Department of Health
Bureau of Immunization
4052 Bald Cypress Way, Bin A-11
Tallahassee, Florida 32399-1700

Fax: (850) 245-4734
Phone: 1-800-483-2543