

H1N1 INFLUENZA VACCINE ACCOUNTABILITY REPORT

INSTRUCTIONS: Use this form to account for all H1N1 influenza vaccine received **weekly**. Summarize information from the H1N1 influenza tally sheet and transfer the information to the appropriate columns. The **reporting period** is from **Sunday to Saturday**. You **must** account for your vaccine **each** week even if no additional vaccine is ordered. Provide wastage details at the bottom of the page. **The report is due by 5:00pm Monday completed with any applicable transfer forms.**

ACCOUNTABILITY PERIOD: from _____ to _____ **PIN #** _____

Vaccine Accountability

AGE GROUP	6-23 mos		24-59 mos		5-18 Yrs		19-24 Yrs		25-49 Yrs		50-64 Yrs		≥ 65 Yrs	
DOSE NUMBER	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2	Dose 1	Dose 2
TOTALS														
			0.2 mL FluMist® Intranasal	0.25mL – PFS Thimerosal Free		0.5mL – PFS Thimerosal Free		0.25mL – Multi-dose Vial Contains Preservative			5mL Multi-dose Vial Contains Preservative			
1. Starting Inventory or Inventory on Hand (IOH)														
2. Vaccine Received		+												
3. Vaccine Transferred		-												
4. Doses Administered		-												
5. Doses Wasted		-												
6. IOH or Actual Vaccine count														

Vaccine Wastage Documentation

Vaccine	Number of Doses	Lot Number	NDC Number (found on box)	Manufacturer	Wastage Explanation*	*Use the corresponding column number for "explanation" of each vaccine wasted
						1. Provider reported wastage
						2. Lost or damaged in transit
						3. Failure to store properly
						4. Refrigerator temps out of range
						5. Disaster/Power outage

Clinic Name: _____ Address: _____

Signature: _____ Date: _____ **County/Jurisdiction (Required):** _____

Please fax this report and any transfer forms to the St. Charles County Health Department at 636-949-1802