

**NYS BUREAU OF IMMUNIZATION-VACCINES FOR CHILDREN AND CHILD HEALTH PLUS B PROGRAMS  
MONTHLY DOSES ADMINSTERED REPORT (FOR PRIVATE PROVIDERS ONLY)**

Provider Name: \_\_\_\_\_ Phone# \_\_\_\_\_ PIN# \_\_\_\_\_ (Month/Year) \_\_\_\_\_  
 Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_

**DOSES ADMINISTERED MONTHLY REPORT:** Please report the number of doses of vaccine administered to New York State (NYS) Vaccines for Children and Child Health Plus B eligible children on a monthly basis by completing the tables below and faxing it to the NYS VFC Program at (518) 474-4222. **The report is due prior to placing a new vaccine order for the month.** The information from this report should be used to assist you with deciding which vaccines need to be ordered. The program allows one vaccine order per month. Please order all vaccines needed at one time for the month. If vaccine is not required for the next month, the doses administered report must be submitted within 15 days from the last day of the month. The information on the report should cover the 1<sup>st</sup> day of the month to the last day of the month (ex: October 1 to October 31, 2008) regardless of when you submit the report. If you have any questions, please call 1-800-543-7468.

VACCINE:	VFC Eligibility	Uninsured	American Indian/Alaskan Native	Under-insured	Total # of VFC Doses Administered	Total # of CHP B Doses Administered
	Medicaid					
DT (Pediatric)						
DTaP						
DTaP-HepB-IPV						
DTaP-Hib						
DTaP-IPV-Hib						
DTaP-IPV						
Hep A						
Hep B						
Hep B-Hib						
Hep B 2 dose						
Hib						
HPV						
Influenza 3+ yrs inactivated						
Influenza PF 6 mo-35 mo						
Influenza LAIV (Nasal Spray)						
IPV						
MCV 4						
MMR						
MMRV						
PCV7						
Rotavirus						
Td (>7 yrs)						
Tdap						
Varicella						