

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

Provider Name: _____ Phone# _____ PIN# _____

Address: _____ Contact Name: _____

(Month/Year) _____

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 Immunization Program at (518) 474-4222. The report is due within 15 days from the end of each month. If you have any questions, please call (518) 474-4578 or 1-800-543-7468.

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