

**WASHINGTON STATE DEPARTMENT OF HEALTH**  
**Immunization Program CHILD Profile**  
**Required Monthly Vaccine Accountability Program**  
 (Report State Supplied Vaccine Only)



HEALTH DEPARTMENT: \_\_\_\_\_

REPORTED BY: \_\_\_\_\_

MONTH \ YEAR: \_\_\_\_\_

VACCINE	A		B		SUBTOTAL A + B = Total Doses available for the month	C Doses Administered	D Doses Expired / Wasted / Spoiled	E Doses Transferred Out	F End of Month Inventory (Actual Physical Count)	Variance Net Doses Lost or Gained Columns (A+B-C-D-E-F) = Variance
	Beginning of Month Inventory		Doses Added							
	Lot #	Doses	Orders Received	Transferred In						
DT (Ped)										
DTaP										
DTaP/IPV/HepB Pediarix										
DTaP/IPV/Hib Pentacel										
Hep A (Ped)										
Hep B (Ped)										
Hib										
HPV										
IPV										
MCV										
MMR										
MMRV										
PCV										
PPSV										
Rotavirus										
Td										
Tdap										
Varicella										
Influenza-PF (0.25mL) Pediatric (6-35 months)										
Influenza (5.0mL) Multi-Dose Vial										
Influenza-PF (0.5mL) Single Dose Presentation										
Influenza-PF (0.2mL) Intranasal Sprayer										

Explanation of all doses lost or gained in "VARIANCE" section above: \_\_\_\_\_

**Certification** - This is to certify that the above is an accurate accounting of vaccines received through the Washington State Department of Health Immunization Program CHILD Profile during the reporting period.

\_\_\_\_\_  
Signature of person responsible for vaccine management

\_\_\_\_\_  
Date

**SUBMIT REPORT BY THE 15TH OF THE MONTH TO : DOH-Immunization Program CHILD Profile**  
**P.O. Box 47843**  
**Olympia, WA 98504-7843**  
**FAX: 360-236-3597**