

Vaccine Administration Monthly Report For All Providers

HEALTH AGENCY _____

PROVIDER #: _____

REPORT PERIOD (MONTH): _____, 20____

PERSON REPORTING: _____

PHONE: _____

Monthly submission of this report is mandatory for all providers who do NOT use SDIIS but receive state-supplied vaccines. No vaccine will be shipped until this report is on file at the State

Vaccine	Number of Doses of Vaccine by Age Group												Total Doses Given	Current Inventory
	<1	1	2	3 - 5	6	7 - 10	11 - 12	13 - 18	19 - 24	25 - 44	45 - 64	>64		
Hep B														
DTaP														
Hib														
Trihibit (DTaP/Hib)														
IPV														
Pediarix (DTaP, Hep B & IPV)														
MMR														
Varicella														
Menningococcal														
Pneumococcal														
Influenza														
Hep A														
Tdap														
Td														
Rotavirus														
Human Papillomavirus														

This report is must be returned to the Immunization Program by the 5th day of each month:

South Dakota Department of Health
 Immunization Vaccine Manager
 615 East 4th Street
 Pierre, South Dakota 57501-1700
 Phone: 1-800-592-1861 or 605-773-4963
 Fax: 605-773-4113

REPORTING PROCEDURE: Complete all information requested and submit this form to the above address before the 5th of each month. This report is mandated for all providers who do not utilize the SDIIS but receive state-supplied vaccine to allow for documenting accountability of antigens purchased with public funds.

DOSE ADMINISTERED: Record each dose of vaccine given according to the type of vaccine and age group. Add the number of doses given per vaccine and record the sum of doses in the "Total Doses Given" column.

CURRENT INVENTORY: Record the number of doses of each antigen type that is in storage at clinic closing time on the last day of the month.