

New Jersey Department of Health
 Vaccine for Children (NJVFC) Program
 PO Box 369
 Trenton NJ 08625-0369

VACCINE USAGE REPORT

Phone: 609-826-4862 Fax: 609-826-4868

Office Name	Date of Report (Month/Year)
Name of Contact Person	PIN Number

Instructions:

1. Place a copy of this form on the door of your refrigerator in which you store your NJVFC vaccine.
2. Enter a tick mark in the Usage column, each time a dose is used.
3. Fax this form to 609-826-4868 or you may email the form to VFC@doh.nj.gov.

VACCINE	USAGE
Freezer	
MMRV	
Varicella	
Zoster	
Refrigerator	
DTaP	
DtaP-HepB-IPV	
DtaP-Hib-IPV	
DTaP-IPV	
Hepatitis A	
Hepatitis A/Hepatitis B	
Hepatitis B (2 dose)	
Hepatitis B (3 dose)	
Hib	
Hib/Hepatitis B	
Hib Booster	
Human Papillomavirus (HPV)	
Influenza (6-35 months)	
Influenza (36+ months)	
Influenza Live, Intranasal	
IPV	
Meningococcal B	
Meningococcal Polysaccharide (MPSV4)	
Meningococcal Conjugate (MCV4)	
MMR	
Pneumococcal Conjugate (PCV 13)	
Pneumococcal Polysaccharide	
Rotavirus (2 dose)	
Rotavirus (3 dose)	
Td	
Tdap	