

NEW YORK STATE BUREAU OF IMMUNIZATION – VACCINES FOR CHILDREN (VFC)
AND CHILD HEALTH PLUS (CHPLUS) PROGRAMS
MONTHLY DOSES ADMINISTERED REPORT (FOR PRIVATE PROVIDERS ONLY)

Provider Name: _____

Address: _____

Contact Name: _____ Phone #: _____

VFC PIN #: _____

Month/Year: _____

- Please report the number of doses of vaccine administered to NYS VFC and CHPlus eligible children.
- The information on the report should cover the 1st day of the month to the last day of the month (ex, October 1 to October 31) regardless of when the report is submitted.
- **The report is due prior to placing a new vaccine order, or within 15 days from the end of the month, whichever comes first.**
- The information from this report should be used to assist you with deciding which vaccines need to be ordered.
- **VFC Program allows one vaccine order per month.** Please order all vaccines needed for the month.

Providers are required by Public Health Law 2168 to report all immunizations administered to persons less than 19 years of age to the New York State Immunization Information System (NYSIIS). For more information contact the NYSIIS program at 518-473-2839. IF DOSES ADMINISTERED ARE ACCURATELY RECORDED IN NYSIIS, INCLUDING VFC ELIGIBILITY STATUS, THIS FORM IS NOT REQUIRED.

VACCINE	Doses Administered According to VFC Eligibility				Doses Administered CHP only
	Medicaid	Uninsured	American Indian/ Alaskan Native	Under-insured	Child Health Plus
DT (Pediatric)					
DTaP (Daptacel/Infanrix/Tripedia)					
DTaP-HepB-IPV (Pediarix)					
DTaP-IPV-Hib (Pentacel)					
DTaP-IPV (Kinrix)					
Hep A (Havrix or Vaqta)					
Hep AB 18 (Twinrix)					
Hep B-Hib (Comvax)					
Hep B PF (Engerix B/Recombivax HB)					
Hib (ActHib/Pedvax/Hiberix)					
HPV (Gardasil/Cervarix)					
Influenza (2+ yrs)					
Influenza (6 mo-35 mo)					
eIPV (Inactivated Polio)					
MCV 4 (Menactra/Menveo)					
MMR					
Pneumococcal (Pneumovax 23)					
PCV 13 (Prevnar 13)					
Rotavirus (Rotateq/Rotarix)					
Td (>7 yrs) (Decavac)					
Tdap (Adacel/Boostrix)					
Varicella D (Varivax)					