Florida HEALTH

Florida Vaccines for Children (VFC) Program

Vaccine Usage Worksheet

Dates Vaccine Administered

From: _____

To: _____

PIN: _____

**** Check the appropriate boxes for eligibility and vaccines.***

Patient Name or ID	Shot Date	VFC Eligibility*												VFC Program Vaccines*																															
		Medicaid			No Insurance			Under-insured			American Indian/ Alaskan Native																																		
		< 1 Year	1 - 6 Years	7 - 18 Years	< 1 Year	1 - 6 Years	7 - 18 Years	< 1 Year	1 - 6 Years	7 - 18 Years	< 1 Year	1 - 6 Years	7 - 18 Years	DTaP - Daptacel	DTaP - Infanrix	DTaP/Hep B/IPV - Pediarix	DTaP/IPV - Kinrix	Dtap/IPV/Hib/Hep B - Vaxelis	DTaP/IPV/Hib - Pentacel	Hep A - Havrix	Hep A - Vaqta	Hep B - Engerix B	Hep B - Recombivax	Hib - ActHIB	Hib - PedvaxHIB	Hib - Hibrix	HPV-9 - Gardasil 9	IPV - IPOL	MCV-4 - MenQuadfi	MCV-4 - Menactra	MCV-4 - Menveo	Men-B - Bexsero	Men-B - Trumenba	MMR - MMRII	MMRV - ProQuad	PCV-13 - Prevnar	PPSV - Pnuemovax	Rota - Rotarix	Rota - RotaTeq	Td - Tenivac	Tdap - Adacel	Tdap - Boostrix	VZV - Varivax	Flu (0.25 ml)	Flu (0.50 ml)