



VFC Tally Sheet

for FQHC / RHC Providers (optional use)

| Clinic Name | | | | | | | | | | | | | | | Quarter / Year | | | | | | | | | | | | | | | |
|--------------|--|----------|-------------|---------------|----|------|------------------|----------------|-----------|-----------|-----|-----------|-----------|------------|----------------|-----|-----|-------------------------|-----|------|------------------------|-----------|----|------|-----------|--|--|--|--|--|
| Age | (Check one only) VFC Eligibility Status | | | | DT | DTaP | DTaP/ Hep B/ IPV | DTaP/ Hib/ IPV | DTaP/ Hib | DTaP/ IPV | Flu | Hep A Ped | Hep B Ped | Hep B/ Hib | Hib | HPV | IPV | Meningococcal Conjugate | MMR | MMRV | Pneumococcal Conjugate | Rotavirus | Td | Tdap | Varicella | | | | | |
| | Am. Indian/ Alaskan Nat. | Medicaid | Non-Insured | Under-insured | | | | | | | | | | | | | | | | | | | | | | | | | | |
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Instructions for Completing the *Optional VFC* Tally Sheet

Each child receiving VFC vaccine in the clinic should be accounted for on this form. This tally sheet compiles the information necessary to complete the *Quarterly Doses Administered Report*.

- Print the clinic name and the quarter / year of this information.
- Place a check mark in the appropriate age and eligibility status column. (One line per child.)
- Place a check mark in the column for each vaccine administered to the child during the visit.
- Total all columns (Eligibility Status and Vaccines).
- Transfer the Totals to the Quarterly Doses Administered Report.

Tally Sheets are for provider's use only.

Do NOT return to the Utah VFC Program.