

VFC Inventory Form

Philadelphia Immunization Program



Department of
Public Health
 CITY OF PHILADELPHIA
 LIFE • LIBERTY • AND YOU™

Office Name	VFC PIN	Date
-------------	---------	------

Type	Product	Doses On-hand	NDC Number	Lot Number	Expiration Date
DTaP					
DTaP-IPV					
DTaP-IPV-HepB					
DTaP-IPV-Hib					
Hepatitis A					
Hepatitis B					
Hib					
Hib-HepB					
HPV					
MMR					
Meningococcal					
Pneumococcal					
Polio					
Rotavirus					
Tdap					
Varicella					
Other					