

VFAAR Inventory Form

Philadelphia Immunization Program



Department of
Public Health
 CITY OF PHILADELPHIA
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Office Name	VFAAR PIN	Date
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Type	Product	Doses On-hand	NDC Number	Lot Number	Expiration Date
Hepatitis A					
Hepatitis B					
HPV					
MMR					
Meningococcal					
Pneumococcal					
Tdap					
Varicella					
Other					