

Semi-Annual Report of Doses Administered to Pediatric Patients (age 0 through 18 years) - Minnesota Vaccines for Children Program

This report is due twice a year and covers the six-month period preceding the report due date. Reporting for April 1 - September 30 is due on November 30 and reporting for October 1 - March 31 is due on May 31.

Instructions:

This form is **required** for clinics/facilities that use the *optional (replacement) method* of managing their vaccine supply. Orders may be held until providers have submitted this report.

1. Complete the number of doses administered by vaccine and category.
2. Fax to 651-201-5501 or mail the completed order form to the address below.

Note: If you are a satellite clinic you don't need to complete this form, your parent clinic will submit a report. Satellite clinics receive vaccine from a parent clinic and the MnVFC PIN contains a letter (e.g.,00032A).

Clinic Information		
Clinic name:	Telephone number:	Reporting for:
Person completing form:	MnVFC PIN:	<input type="checkbox"/> April 1, 2011 - September 30, 2011 (due November 30, 2011)
		<input type="checkbox"/> October 1, 2011 - March 31, 2012 (due May 31, 2012)

Report of Doses Administered to Pediatric Patients

Vaccine	Uninsured	On MA, a Prepaid Medical Assistance program (PMAP), or MnCare	American Indian or Alaskan Native	Has health insurance but is underinsured* for vaccination
DTaP (Daptacel, Infanrix, Tripedia)				
DTaP-Hep B-IPV (Pediarix)				
DTaP-Hib (TriHIBit)				
DTaP-IPV (Kinrix)				
DTaP-IPV-Hib (Pentacel)				
DT pediatric				
Hepatitis A (HepA: Havrix, Vaqta)				
Hepatitis B (HepB: Engerix-B, Recombivax HB)				
Hep B-Hib (Comvax)				
<i>Haemophilus influenzae</i> type B (Hib: ActHIB, Hiberix, PedvaxHIB)				
Human papillomavirus (HPV2, HPV4: Cervarix, Gardasil)				
Influenza (all presentations)				
Polio (IPV: IPOL)				
Meningococcal (MCV4: Menactra, Menveo)				
Measles, mumps, rubella (MMR: MMRII)				
Measles, mumps, rubella, varicella (MMRV: ProQuad)				
Pneumococcal (PCV13: Prevnar)				
Pneumococcal (PPSV23: Pneumovax)				
Rotavirus (RV1, RV5: Rotarix, RotaTeq)				
Tetanus, diphtheria (Td: Generic)				
Tetanus, diphtheria, pertussis (Tdap: Adacel, Boostrix)				
Varicella (Var: Varivax)				

*Underinsured: Patients with insurance that either does not cover vaccines, or that covers only selected vaccines (MnVFC eligible for non-covered vaccines only), or that caps vaccine coverage (eligible after cap is reached), or that has any unmet deductible (eligible before deductible has been met).