

### COLD CHAIN INVENTORY FORM

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Vaccine Name	Previous Exposure (√ if yes)	# of Doses	Lot #	Expiry Date
Adacel	<input type="checkbox"/>			
Adacel-Polio	<input type="checkbox"/>			
Hepatitis A	<input type="checkbox"/>			
Hepatitis B Pediatric	<input type="checkbox"/>			
Hepatitis B Adult	<input type="checkbox"/>			
IPV (Polio)	<input type="checkbox"/>			
Menjugate	<input type="checkbox"/>			
Neisvac-C	<input type="checkbox"/>			
MMR II	<input type="checkbox"/>			
Priorix	<input type="checkbox"/>			
Priorix Tetra	<input type="checkbox"/>			
ProQuad	<input type="checkbox"/>			

Vaccine Name	Previous Exposure (√ if yes)	# of Doses	Lot #	Expiry Date
Pediaceel	<input type="checkbox"/>			
Pevnar 13	<input type="checkbox"/>			
Pneumovax 23	<input type="checkbox"/>			
Rotateq	<input type="checkbox"/>			
Td	<input type="checkbox"/>			
Tubersol	<input type="checkbox"/>			
Varilrix	<input type="checkbox"/>			
Varivax III	<input type="checkbox"/>			
Shingles	<input type="checkbox"/>			
Seasonal Influenza (List product Name)	<input type="checkbox"/>			
Other:	<input type="checkbox"/>			
	<input type="checkbox"/>			