

Vaccine Reporting Form

Return completed forms by email: vaccines@tbdhu.com	OR Fax: 807-625-4828
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Complete required information below OR attach client information label in this space:

Client Name:	
DOB (YYYY/MMM/DD):	Gender:
Health Card:	

Complete required information below:

Clinic/Provider:
Date vaccine administered (YYYY/MMM/DD):

FOR CHILDREN 0-18 ONLY - Please report administration of the following vaccines to ensure records are up to date.

Acronym	Details	Lot #
DTap-IPV-Hib	Diphtheria, tetanus, pertussis; polio; haemophilus influenzae type b (Hib)	
Hib	Haemophilus influenzae type b (Hib)	
IPV	Polio	
Men-C-C	Meningococcal C-C	
MMR	Measles, mumps, rubella	
MMRV	Measles, mumps, rubella, varicella	
Pneu-C-15	Pneumococcal 15	
Pneu-C-20	Pneumococcal 20	
Rota	Rotavirus	
RSV	Monoclonal antibody medication Beyfortus® (nirsevimab)	
Tdap	Tetanus, diphtheria, pertussis	
Tdap-IPV	Tetanus, diphtheria, pertussis; polio	
Varicella	Varicella	
Other	List here:	

****REQUIRED REPORTING - TBDHU must receive a report for every High Risk and Grade 7 vaccine administered BEFORE additional orders are processed.** The number on-hand and the number of reporting forms submitted MUST EQUAL the number of vaccines initially ordered (e.g. 10 HPV initially ordered; 2 on-hand and 8 reported before next order).**

GRADE 7 VACCINES

Acronym	Details	Lot #
HB	Adult 1ml – Hepatitis B	
HB	Pediatric 0.5ml – Hepatitis B	
HPV 9	Human Papillomavirus 9	
Men-C-ACWY-135	Meningococcal C-ACWY	

HIGH RISK VACCINES

Acronym	Details	Lot #
HA	Adult 1ml – Hepatitis A	
HA	Pediatric 0.5ml – Hepatitis A	
HB	Adult 1ml – Hepatitis B	
HB	Pediatric 0.5ml – Hepatitis B	
HB	Renal Dialysis 1ml – Hepatitis B	
HPV 9	Human Papillomavirus 9	
Mpox	Imvamune®	
Men B	Meningococcal B	
Men-C-ACWY-135	Meningococcal C-ACWY	