



Daily Tally Sheet For Immunizations

Date

Health Department / Public Health Region

Number of
Persons Screened

Clinic Site

VACCINE	Number of Doses of Vaccines Administered By Age Group												
	<1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64	65+	Total
DTaP													
DT													
Td													
HIB													



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	Number of Doses of Vaccine Administered By Age Group												
	<1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64	65+	Total
IPV													
MMR													
Measles													
VAR*													
PCV 7**													

* Varicella Vaccine (Chickenpox)

** Pneumococcal Conjugate Vaccine 7 Valent (pediatric use)



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Number of Doses of Vaccine Administered By Age Group													
	<1	1	2	3-4	5	6-9	10-14	15-19	20-24	25-44	45-64	65+	Total
Hepatitis A													
Hepatitis B													
Flu													
PNEUMO Adult***													

***Pneumococcal Polysaccharide Vaccine 23 Valent