

# VACCINE INVENTORY FORM

**\*\*\*EACH COLUMN MUST BE COMPLETED FOR ALL EXPOSED VACCINES\*\*\***

| Publicly Funded Vaccines | Supplier     | # of Doses | Lot Number | Expiry Date | Previously Exposed?   |
|--------------------------|--------------|------------|------------|-------------|---|
| Act-HIB                  | Sanofi       |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Adacel                   | Sanofi       |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Adacel-Polio             | Sanofi       |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Avaxim (Adult)           | Sanofi       |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Bexsero                  | GSK          |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Boostrix-Polio           | GSK          |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Engerix B (Adult)        | GSK          |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Engerix B (Pediatric)    | GSK          |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Flulaval-Tetra           | GSK          |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Flumist Quadrivalent     | Astra Zeneca |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Fluzone High-Dose        | Sanofi       |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Fluzone Quadrivalent     | Sanofi       |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Gardasil 4               | Merck        |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Gardasil 9               | Merck        |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Havrix 1440 (Adult)      | GSK          |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Havrix 720 (Pediatric)   | GSK          |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| HyperRAB                 | Grifolis     |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Imovax Polio             | Sanofi       |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Imovax Rabies            | Sanofi       |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Menactra                 | Sanofi       |            |            |             | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |

|                              |        |  |  |  |   |
|------------------------------|--------|--|--|--|---|
| Menjugate                    | GSK    |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| MMR                          | Merck  |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Neisvac-C                    | Pfizer |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Pediacel                     | Sanofi |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Pneumovax 23                 | Merck  |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Prevnar 13                   | Pfizer |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Priorix                      | GSK    |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Priorix-Tetra                | GSK    |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| ProQuad                      | Merck  |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| RabAvert                     | GSK    |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Recombivax HB<br>(Pediatric) | Merck  |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Recombivax HB (Renal)        | Merck  |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Rotarix                      | GSK    |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| RotaTeq                      | Merck  |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Td Adsorbed                  | Sanofi |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Td Polio                     | Sanofi |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Tubersol                     | Sanofi |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Vaqta (Adult)                | Merck  |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Vaqta (Pediatric)            | Merck  |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Varilrix                     | GSK    |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Varivax                      | Merck  |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |
| Zostavax                     | Merck  |  |  |  | <input type="checkbox"/> YES<br><input type="checkbox"/> NO |