

Eligibility Report of Doses Administered



State of Nevada
 Department of Health and Human Services
 Nevada State Immunization Program
 4150 Technology Way, Ste 210
 Carson City, NV 89706
 Fax to (775) 684-8338

Facility Name:	PIN#:
Primary/Back-up Vaccine Coord:	Form 3 Eligibility
Direct Phone Line:	Reporting Period
PRINT CLEARLY	
This form is for VFC vaccines only (do not report 317 or Private)	
VFC ELIGIBLE	Begin:
	End:

DO NOT Submit With Tick Marks DO NOT Zero Fill Boxes	Nevada Check-Up	Medicaid	Uninsured	Underinsured	Native American/ Alaskan	Non-VFC Eligible and Non-Nevada Check-Up (Do not include privately purchased vaccine)		Totals
						0-18 yrs	≥ 19 yrs	
DTaP								
DTaP/HepB/IPV (Pediarix)								
DTaP/IPV (Kinrix)								
DTaP/IPV/Hib (Pentacel)								
Hep A								
Hep B - Ped								
HIB								
HPV								
MCV4								
MMR								
MMR-V								
PCV13								
Polio								
ROTA VIRUS								
Tdap								
Varicella								
Other Vaccine (NOT FLU*):								

*Flu Vaccine reported on separate form