

**Monthly Report**

**Texas Department of Health**



**Number of Doses of Public Sector Vaccines / Toxoids / Biologicals Administered by and Distributed to Public and Private Providers**

|  |   |                |
|--|---|----------------|
| Month and Year of Report                     | Health Department / Facility / Provider Name                    | PIN            |
| Date Report Completed                        | Address   | Suite/Room No. |
| Name of Person Completing This Report        | City  | Zip            |
| (____) - _____<br>Telephone (with area code) | County Name (please complete a separate report for each county) |                |

| VACCINE         | Number of Doses of Vaccines / Toxoids / Biologicals Administered By Age Groups |   |   |     |   |     |       |       |       |       |       |     |       |
|-----------------|--|---|---|-----|---|-----|-------|-------|-------|-------|-------|-----|-------|
|                 | <1   | 1 | 2 | 3-4 | 5 | 6-9 | 10-14 | 15-19 | 20-24 | 25-44 | 45-64 | 65+ | Total |
| DTaP            |  |   |   |     |   |     |       |       |       |       |       |     |       |
| DT              |  |   |   |     |   |     |       |       |       |       |       |     |       |
| Td              |  |   |   |     |   |     |       |       |       |       |       |     |       |
| HIB             |  |   |   |     |   |     |       |       |       |       |       |     |       |
| IPV             |  |   |   |     |   |     |       |       |       |       |       |     |       |
| MMR             |  |   |   |     |   |     |       |       |       |       |       |     |       |
| MEASLES         |  |   |   |     |   |     |       |       |       |       |       |     |       |
| VARICELLA*      |  |   |   |     |   |     |       |       |       |       |       |     |       |
| PCV 7**         |  |   |   |     |   |     |       |       |       |       |       |     |       |
| HEPATITIS A     |  |   |   |     |   |     |       |       |       |       |       |     |       |
| HEPATITIS B     |  |   |   |     |   |     |       |       |       |       |       |     |       |
| INFLUENZA       |  |   |   |     |   |     |       |       |       |       |       |     |       |
| PNEUMO Adult*** |  |   |   |     |   |     |       |       |       |       |       |     |       |
|                 |  |   |   |     |   |     |       |       |       |       |       |     |       |
|                 |  |   |   |     |   |     |       |       |       |       |       |     |       |
|                 |  |   |   |     |   |     |       |       |       |       |       |     |       |
|                 |  |   |   |     |   |     |       |       |       |       |       |     |       |

\* Chickenpox Vaccine  
 \*\* Pneumococcal Conjugate Vaccine 7 Valent (pediatric use)  
 \*\*\* Pneumococcal Polysaccharide Vaccine 23 Valent