

# Dose Accountability Log

<b>Practice Name:</b> _____ <b>VFC Contact:</b> _____ <b>Date log begins:</b> _____ <b>Date log ends:</b> _____			<b>VFC Eligibility Codes:</b> 1- Private Insurance (NOT VFC ELIGIBLE) 2- AHCCCS 3- un – insured (self pays) 4- American Indian/Alaska Native 5- Under insured (Deputized Providers Only) 6– KidsCare		
NAME or ASIIS ID	DOB	VFC Code	Vaccine	Lot Number	
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This log can be used with several reports available in the Reports Module; Patient Detail Report and Lot Usage and Recall Report, within ASIIS to help track and reconcile your inventory. 07/2015