ARIZONA VACCINES FOR CHILDREN
KIDSCARE – ONLY ACCOUNTABILITY WORKSHEET

PIN #	Provider Name:	Date logs end:

PENTACEL DTAP/IPV/HIB	KINRIX DTAP/IPV	DTAP	PEDIARIX DTAP/IPV/HEPB	HIB	COMVAX HEP B/HIB	PREVNAR PCV-7	ROTAVIRUS RV1 & RV5	POLIO IPV	HEP B HBV
HEP A HAV	**MMR**	**VARICELLA VZV**	**MMRV**	**TD**	**PNEUMO PPV 23**	**TDAP**	**GARDASIL HPV**	**MCV**	

FLU 0.25 SYRINGES AGES 6 MO. TO 35 MO	FLU 0.5 VIALS AGES 3 YR TO 18 YRS	FLU 0.5 SYRINGES AGES 3 YR TO 18 YRS	FLU 5.0 MULTI-DOSE VIALS - SANOFI AGES 3YR TO 18 YRS	FLU 5.0 MULTI-DOSE VIALS - NOVARTIS AGES 4 YRS TO 18 YRS	FLUMIST INTRANASAL SPRAY