WASHINGTON STATE DEPARTMENT OF HEALTH

Immunization Program CHILD Profile

Number of Doses of Vaccine Administered by Public Sector

(Report State Supplied Vaccines Only)

HEALTH DEPARTMENT: _____ **MONTH:** _____

VACCINE	NUMBER OF DOSES OF VACCINE ADMINISTERED BY AGE GROUP (years)														TOTAL
	DOSE	<1	1	2	3-5	6	7-10	11-12	13-18	19-24	25-44	45-64	65+	UNK	DOSES
DT (Ped)	1														
	2														
	3														
	4+														
DTaP	1														
	2														
	3														
	4+														
DTaP/IPV/HepB	1														
(Pediarix)	2														
	3														
DTaP/IPV/Hib	1														
(Pentacel)	2														
	3														
	4+														
Hep A (Ped)	1														
	2														
Hep B (Ped)	1														
	2														
	3+														
Hib	1														
	2														
	3														
	4+														
HPV	1														
	2														
	3+														
IPV	1														
	2														
	3														
	4+														
MCV	1														
MMR	1														
	2+														
MMRV	1														
PCV	1														
	2														
	3														
	4+														
PPSV	1														
Rotavirus	1														
	2														
	3+														
Td	1														
	2														
	3+														
Tdap	1														
Varicella	1														
	2+														
Influenza-PF (0.25mL)	1														
Pediatric (6-35 months)	2+														
Influenza (5.0mL)	1														
Multi-Dose Vial	2+														
Influenza-PF (0.5mL)	1														
Single Dose Presentation	2+														
Influenza-PF (0.2mL)	1														
Intranasal Sprayer	2+														