

Tdap Semi-Annual Usage Report 2018

⌚ Complete and Return to SFDPH by the following dates: **7/6/2018, and 1/4/2019** ⌚

SFDPH Communicable Disease Prevention Unit ▪ Via Fax (415) 554-2579 ▪ or Email tina.milton@sfdph.org

Organization Name: _____

Period for which you are reporting: Jan 1 – Jun 30 2018 Jul 1- Dec 31 2018

Total doses awarded to your practice during this period: _____

Lot number(s) of vaccine: _____

Expiration date(s) of vaccine: _____

Please provide information only on doses of Tdap vaccine supplied to you by the
San Francisco Department of Public Health (SFDPH).

1. Doses Administered To Your Clients	
2. Total Doses Returned To SFDPH	
3. Total Doses Wasted Or Unaccounted For <i>MUST be explained below</i>	
4. Total Doses Remaining <i>MUST be explained below</i>	
5. Total (1+2+3+4) <i>Should equal award amount</i>	

6. Breakdown of doses administered by age:

Ages 7-10	Ages 11-18	Ages 19-49	Ages 50+

7. Fee your organization charged for administering each Tdap shot:

Please use this space to explain wasted, unaccounted for and/or remaining Tdap vaccine doses.

Person completing report:

Name _____ Title _____

SIGNATURE _____ **Date** _____

Phone # _____ Fax # _____ Email _____

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