Clinic Vaccine Movement Register







Epidemiology Unit Ministry of Health

Type of vaccine/item	No. of doses	Batch number	No. of vaccinations	No. of doses /items	No. of doses	No. of doses	Remarks
vaccine/item	to the clinic		performed	used	returned	/items required for the next clinic	
BCG							
PVV							
OPV							
LJEV							
MMR							
DPT							
DT							
TT							
aTd							
BCG diluents							
LJEV diluents							
MMR diluents							
0.05 ml syringes							
0.5 ml syringes							
2ml syringes							
5 ml syringes							
Safety boxes							

Date :								
Type of vaccine/item	No. of doses /items issued to the clinic	Batch number	No. of vaccinations performed	No. of doses /items used	No. of doses /items returned	No. of doses /items required for the next clinic	Remarks	
BCG								
PVV								
OPV								
LJEV								
MMR								
DPT								
DT								
TT								
aTd								
BCG diluents								
LJEV diluents								
MMR diluents								
0.05 ml syringes								
0.5 ml syringes								
2ml syringes								
5 ml syringes								
Safety boxes								
Signature of assigned person at MOH office			Signature of assigned PHM at clinic					