

Clinic Vaccine Movement Register



Epidemiology Unit
Ministry of Health

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.....			

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.....			