

PIN

Quarterly Doses Administered Report For Birth Dose Hepatitis B use

Hospital Name:	Phone #:
Person Submitting Form:	Quarter /Year:
<i>I certify under penalty of law that the below information is true.</i>	Signature:
	Date:

Total Number of Newborns Receiving Birth Dose Hepatitis B Vaccine					
Vaccines for Children (VFC)			State Supplied		Total
Am. Indian/ Alaskan Native	Medicaid	Non-insured	Underinsured	Insured	

Instructions for Completing Quarterly Doses Administered Report

Complete and submit this form to the Immunization Program within 15 days following the end of each quarter.

1st	quarter:	<i>January, February, March</i>	Due April 15th
2nd	quarter:	<i>April, May, June</i>	Due July 15th
3rd	quarter:	<i>July, August, September</i>	Due October 15th
4th	quarter:	<i>October, November, December</i>	Due January 15th

1. Enter hospital's PIN (Provider Identification Number assigned to your facility by the Utah Immunization Program).
2. Print the hospital name, phone number, quarter and year of this report, and name of the person completing this form.
3. Read the attestation statement, sign and date (forms will not be accepted without signature).
4. On the Total Number of Newborns Receiving Birth Dose Hepatitis B Vaccine table, enter the number of newborns who received a birth-dose hepatitis B vaccine in the appropriate eligibility column. **Total** the row.

Mail or fax the Quarterly Doses Administered Report to:

Utah Department of Health
Immunization Program
PO Box 142001
Salt Lake City, UT 84114-2001
(801) 538-9450
FAX: (801) 538-9440