

## Tdap Semi-Annual Usage Report 2017

⌚ Complete and Return to SFDPH by the following dates: **7/7/2017, and 1/5/2018** ⌚

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

**Organization Name:** \_\_\_\_\_

**Period for which you are reporting:**  Jan 1 – Jun 30 2017  Jul 1- Dec 31 2017

**Total doses awarded to your practice during this period:** \_\_\_\_\_

**Lot number(s) of vaccine:** \_\_\_\_\_

**Expiration date(s) of vaccine:** \_\_\_\_\_

For questions 1-9, please provide information only on doses of Tdap vaccine supplied to you by the San Francisco Department of Public Health (SFDPH).

<i>Column A</i>	<i>Column B</i>			
<b>1. Total Doses Administered To Your Staff – <u>this vaccine SHOULD NOT BE USED IN STAFF, even those in a high-risk group.</u></b>				
<b>2. Total Doses Administered To Your Clients</b> *Please indicate by age →	<b>Ages 7-10</b>	<b>Ages 11-18</b>	<b>Ages 19-49</b>	<b>Ages 50+</b>
<b>3. SUBTOTAL ADMINISTERED (1B + 2B = 3B)</b>				
<b>4. Total Doses Returned To SFDPH</b>				
<b>5. Total Doses Wasted Or Unaccounted For</b> <i>MUST be explained below</i>				
<b>6. Total Doses Remaining</b> <i>MUST be explained below</i>				
<b>7. TOTAL (3B + 4B + 5B + 6B )</b>				

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

9. Total number of Tdap vaccine doses that your organization administered from sources **other than SFDPH**:

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

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**Person completing report:**

Name \_\_\_\_\_ Title \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

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