

**Adult Viral Hepatitis B Immunization Initiative Project
On-Hand Report (OHR) and Tally Sheet**

Venue name: _____

Reporting month: From ____/____/____ to ____/____/____

Instructions:

- Place this sheet in room where vaccine is stored (i.e. refrigerator) and place a tally mark for each dose of vaccine administered or if patient/client refuses vaccine
- Reporting time is from the 1st of the month to the end of the month
- Total the tally marks at the end of month of vaccine administered and tally number of refusals, count vaccine doses left at end of the month & **Fax to 558-6478 by 3rd of each month**

Vaccine	Place a tally mark for each dose of vaccine administered	Total
Hepatitis A Vaccine	_____	_____
Refused	_____	_____
Monovalent Hep B Vaccine	_____	_____
Refused	_____	_____
Combination Hepatitis (A&B) Vaccine	_____	_____
Refused	_____	_____

VACCINE TYPE	LOT NUMBER(s) ON HAND	EXPIRATION DATE(s)	DOSES ON HAND
Adult Hepatitis A			
Adult Hepatitis A			
Adult Hepatitis B			
Adult Hepatitis B			
Adult Hepatitis A/B			
Adult Hepatitis A/B			

**I certify that the information contained in this report has been
verified by a physical inspection of this site's adult hepatitis vaccine inventory.**

Signature: _____ Date: _____