

## ANNEX V: DAILY HPV SUMMARY SHEET DOSE 1

**NAME OF PROVINCE** .....  
**DISTRICT**.....**DATE** .....

Total Doses Used..... Doses Administered.....  
 Doses wasted.....  
 No. of Vaccinators..... No. of Other Health Workers.....  
 No. of Volunteers.....  
 Coordinator .....

Name of School/ Health Facility		10 Years	11 Years	12 Years	13 Years	14 Years	Total
	In school						
	Out of school						
	In school						
	Out of school						
	In school						
	Out of school						
	In school						
	Out of school						
	In school						
	Out of school						

Signature.....  
 (print name, title)

**Comments:**

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