Arizona VFC Influenza Only Worksheet

Practice/Provider Name:	PIN:	
VFC Contact:	Date log begins:	Date log ends:

VFC CODES						0.25mL syringes	0.5mL single vials	0.5mL syringes	0.5 syringes	5.0 Multi-dose vials	0.25mL Intranasal spray
	0	1	2	3	4	6 mo. – 35 mo.	3 yrs – 18 yrs	3 yrs – 18 yrs	4 yrs – 18 yrs	6 mo. – 18 yrs	2 yrs – 18 yrs
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VFC Codes = 0-KidsCare, 1-AHCCCS, 2-Uninsured, 3-Native American/Alaskan Native, 4-Under-Insured

DO NOT FAX OR MAIL THIS FORM TO VFC – Keep for your records only