

**Arizona Department of Health Services  
Arizona Immunization Program Office  
150 North 15th Avenue, Suite 120  
Phoenix, AZ 85007-3233  
Phone (602) 364-3630 Fax (602) 364-3285**

**VACCINE INFORMATION STATEMENT (VIS) REQUEST**

| Amount | VISs - English          |  | VISs - Spanish          | Amount |
|--------|-------------------------|--|-------------------------|--------|
|        | DTaP                    |  | DTaP                    |        |
|        | Influenza – TIV         |  | Influenza – TIV         |        |
|        | Influenza – LAIV        |  | Influenza – LAIV        |        |
|        | Hep A                   |  | Hep A                   |        |
|        | Hep B (Interim)         |  | Hep B                   |        |
|        | Hib                     |  | Hib                     |        |
|        | Human papillomavirus    |  | Human papillomavirus    |        |
|        | IPV                     |  | IPV                     |        |
|        | Meningococcal (Interim) |  | Meningococcal (Interim) |        |
|        | MMR                     |  | MMR                     |        |
|        | Pneumo Conj (PCV7)      |  | Pneumo Conj (PCV7)      |        |
|        | Pneumo Poly (PPV23)     |  | Pneumo Poly (PPV23)     |        |
|        | Rotavirus (Interim)     |  | Rotavirus (Interim)     |        |
|        | Tdap (Interim)          |  | Tdap (Interim)          |        |
|        | Td                      |  | Td                      |        |
|        | Varicella               |  | Varicella               |        |

**All private providers will receive one (1) copy of each VIS or may print a copy from the web site:  
[www.cdc.gov/nip/publications/VIS/default.htm](http://www.cdc.gov/nip/publications/VIS/default.htm)**

**OTHER FORMS REQUEST**

| Amount | Form   |
|--------|--|
|        | Lifetime Immunization Record Card (Rev. 09/06)                                   |
|        | Adolescent/Adult Immunization Record (Rev. 09/04)                                |
|        | Child/Adolescent Immunization Administration Record – Blue (AIR111-1 Rev. 07/06) |
|        | Adult Immunization Administration Record – Yellow (AIR111-2 Rev. 07/06)          |
|        | Influenza Administration Record – Green (AIR111-3 Rev. 07/06)                    |
|        | Arizona School Immunization Record (ASIR 109R Rev. 08/06)                        |
|        | “Information After Immunizations”  |
|        | English (Rev. 4/30/07)   |
|        | Spanish (Rev. 4/07)  |
|        | “Immunization Reporting and You” (Version 11/04)                                 |
|        | Pocket Edition – Childhood Immunization Guidelines                               |
|        | VFC Stickers for Vaccines  |
|        | Fluid-filled Thermometers  |

Date Order Received: \_\_\_\_\_ Initials: \_\_\_\_\_

Date Order Shipped: \_\_\_\_\_ Initials: \_\_\_\_\_

**Please complete:**  
**Provider:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_