Arizona Department of Health Services

Arizona Immunization Program Office
Vaccines Management Center
Voice: (602) 364-3642
FAX: (602) 364-3276 or (602) 364-3232

Vaccine Order/Reporting Form

Check all that apply:

- ☐ Routine order ☐ Logs mailed
- ☐ Temperature logs attached
- ☐ Report only (no vaccine needed)

PIN

Practice/Provider Name:	Area Code & Phone Number:	Date logs begin:	Date logs end:

VFC Contact Name:	Area Code & Fax number:

Total number of eligible children who have received VFC vaccine during the above time frame

Kidscare	AHCCCS	Uninsured	Native American/Alaskan Native	Underinsured	Non VFC Eligible

Vaccine Name	Doses Administered	Doses on Hand	Manufacturer/Choice ** Place an X in the box of your choice	Doses Requested
Td 7 yrs – 18 yrs			❑ Sanofi-Decavac ☐ syringes only	
DTaP 6 wks - 6 yrs			❑ Sanofi – Tripedia ❑ GSK – Infanrix ☐ syringes ☐ vials ❑ Sanofi – Daptacel	
DTaP/HepB/IPV 6 wks - 6 yrs.			❑ GSK – Pediarix ☐ syringes ☐ vials	
Hib 6 wks - 4 yrs			❑ Sanofi – ActHib ❑ Merck – Pedvax	
Hep B/Hib 6 wks - 4 yrs			❑ Merck – Comvax	
e-IPV 6wks – 18 yrs			❑ Sanofi – IPOL	
MMR 12 mo. – 18 yrs			❑ Merck – MMRII	
MMR/Varicella 12 mo. – 12 yrs.			❑ Merck – MMRV-ProQuad	
Hep B- PF (3 dose) Birth – 18 years			❑ GSK – Engerix B ☐ syringes ☐ vials ❑ Merck – Recombivax HB	
Varicella 12 mo.- 18 yrs			❑ Merck – Varivax	
Hep A 12 mo. – 5 yrs only			❑ GSK – Havrix ☐ syringes ☐ vials ❑ Merck – Vaqta	
Pneumo PCV-7 6 wks - 5 yrs.			❑ Wyeth/Lederle- Prevnar	
Tdap 10yrs – 18 yrs 11yrs – 18 yrs			❑ GSK – Boostrix ☐ syringes ☐ vials ❑ Sanofi – Adacel	
Hep B/Adol (2 dose) 11yrs – 15 years			❑ Merck – Recombivax HB	
Meningococcal Conjugate -MCV 4 11yrs –18yrs			❑ Sanofi – Menactra	
Influenza - Preservative Free 6 mo. – 35 mo.			❑ Sanofi – Fluzone 0.25ml pre-filled syringes	
Influenza – Preservative Containing 3 yrs – 18 yrs			❑ Sanofi – Fluzone 0.5 ml dose/vial	
Influenza-Live 5 yrs – 18 yrs			❑ MedImmune - FluMist Intranasal spray	
Pneumo PPV 23 2 yrs – 18 yrs			❑ Merck – Pneumovax 23	
Hep B Adult Available for CHD & Hospitals only			❑ GSK - Engerix B ☐ syringes ☐ vials ❑ Merck - Recombivax HB	
Hepatitis B Immune Globulin Available for CHD & Hospitals only			❑ Bayer – HBIG ☐ syringes only	
Other – **Please write name of vaccine**				

****VFC will honor your choice based on vaccine availability**

Revised: January 13, 2006