



# IMMUNIZATION FORMS ORDER REQUEST

For ALL FORMS and VFC ITEMS:

Email: [arizonavfc@azdhs.gov](mailto:arizonavfc@azdhs.gov)

Phone: 602-364-3630 Fax: 602-364-3285

Arizona Department of Health Services:

150 North 18th Ave, Ste. 260

Phoenix, AZ 85007

\*Please print current Vaccine Information Statements at [www.cdc.gov/vaccines/hcp/vis](http://www.cdc.gov/vaccines/hcp/vis)

# of Requested Packs	FORMS		
	Lifetime Immunization Record Card (providers/immunizers only)	LIRC 3000 Rev.1/17	50/pk
	Arizona School Immunization Record (schools only)	ASIR 109R Rev. 9/14	100/pk
EA	It's the Law "No Shots? No School!" – Admissions Poster (max 50)	6-Imm-018 Rev. 9/14	EA
Out of Stock	Child/Adolescent Immunization Administration Record – Blue Black and White fillable forms can be found at <a href="#">VFC</a> homepage under Forms. (see link below)	No Longer Available to Order	
Out of Stock	Adult Immunization Administration Record – Yellow Black and White fillable forms can be found at <a href="#">VFC</a> homepage under Forms. (see link below)	No Longer Available to Order	
Out of Stock	Influenza Administration Record – Dark Pink Black and White fillable forms can be found at <a href="#">VFC</a> homepage under Forms. (see link below)	No Longer Available to Order	

<https://www.azdhs.gov/preparedness/epidemiology-disease-control/immunization/index.php#vaccines-children-guide>

# of Requested Packs/Rolls	ITEMS		
	"Do Not Unplug" Signs – English	6-IMM-012	5/pk
	"Do Not Unplug" Signs – Spanish	6-IMM-012S	5/pk
	VFC Stickers for Vaccines	6-IMM-034	100/roll
	VFA Stickers for Vaccines (for CHD & VFA Partners)	BIZS	100/roll

The large red VFC Caution Refrigerator magnet, Warning Power Circuit label, and Small Keep Refrigerated/Deep Freeze Temperature magnets are being discontinued and *no longer available to order*. These forms are available for printing from the [CDC Storage and Handling Toolkit](#), pgs. 40-48. ([www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf](http://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf))

\*\*\*\*\* PLEASE COMPLETE \*\*\*\*\*

Facility Name:	Pin # (if VFC):	Date:
Shipping Address: (No P.O. Boxes)	Contact Name:	
City:	State: Arizona	Zip:
Phone:	Email Address:	