VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE ORDER FORM

PIN (6 digit)

COUNTY

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.		DATE	CHDP MEDI-CAL PROVIDER ☐ Yes ☐ No
DELIVERY ADDRESS *(Number and Street—No P.O. Boxes)*	☐ CHECK HERE IF THIS IS A NEW ADDRESS.	CITY	ZIP CODE
DELIVERY: Please specify all days and times you may receive vaccine. ▶	DAY AND TIME ☐ Tue._____	DAY AND TIME ☐ Wed._____	DAY AND TIME ☐ Thu._____	DAY AND TIME ☐ Fri._____
CONTACT PERSON	TELEPHONE	FAX	

Vaccines[1] Write in the name of the manufacturer you prefer (if any) for DTaP, hepatitis A, hepatitis B, and Hib vaccines in the indicated spaces below.	YOU MUST COMPLETE ALL THE BOXES IN THE FOUR COLUMNS BELOW FOR VFC TO PROCESS YOUR ORDER. (EVEN IF YOU ARE ONLY ORDERING ONE VACCINE)				Vaccine Shipped in Vials of the Following Sizes	New Vaccine Order *(Minimum 10 doses) Order in multiple of 10 doses*
	Number of Doses (*VFC Only*) Used Since Last Order Enter "0" if None	VACCINE INVENTORY: Number of Doses (*VFC Only*) On-Hand	VACCINE INVENTORY: Lot Number	VACCINE INVENTORY: Expiration Date		
REGULAR ORDER VFC VACCINES						
DTaP (Preferred Mfr.: _____)					10 x 1 dose vial	doses
DTaP/Hepatitis B/IPV Combination					10 x 1 dose vial	doses
Hepatitis A (Pediatric)[2] (Preferred Mfr.: _____)					10 x 1 dose vial	doses
Hepatitis B (Pediatric/Adolescent) (Preferred Mfr.: _____)					10 x 1 dose vial	doses
Hepatitis B/Hib Combination					10 x 1 dose vial	doses
Hib (Preferred Mfr.: _____)					5 x 1 dose vial	doses
IPV (Inactivated Polio Vaccine)					10 dose vial	doses
MMR (Not available as individual Measles, Mumps, and Rubella antigens)					10 x 1 dose vial	doses
Pneumococcal Conjugate					5 x 1 dose vial	doses
Varicella (Chickenpox)[3]					10 x 1 dose vial	doses
SPECIAL ORDER VFC VACCINES (These vaccines are available only for special circumstances.)						
Hepatitis B (Adult Formulation) (ONLY for adolescents 11–15 years of age)					10 x 1 dose vial	doses
Influenza–Preservative Free (Order Aug.–Oct.) (Licensed for use 6–35 months of age)					10 x 1 Tip Lok® no needle syringe	doses
Influenza (Order Aug.–Oct. for ACIP rec. VFC children 36 months–18 years of age.)					10 dose vial	doses

IMPORTANT ▶ **IF THE SPECIFIC VACCINE MANUFACTURERS I HAVE INDICATED ABOVE ARE NOT AVAILABLE:**
☐ Send another manufacturer's vaccine. ☐ Send the manufacturer's vaccine I requested when it is available.

Notes:
1. **Toxoids and vaccines not available through the VFC Program:** DT-Pediatric and Td-Adult toxoids, DTaP-Hib, OPV, TT (single antigen tetanus), pneumococcal polysaccharide, measles, MR (measles-rubella), mumps, and rubella vaccines, HBIG, and PPD.
2. Only for children between 2-18 years of age.
3. For all susceptible children born on or after January 1, 1983 who are at least 12 months of age and susceptible children 18 years of age or younger who live in a household with a person at high risk of serious complications from varicella (e.g., immunocompromised persons).

Instructions:
1. Please Print or Type.
2. You should order no more than once every two months and place your order with sufficient stock on hand to allow at least 30 days for delivery. (It should take 2–3 weeks to deliver vaccine, but this will prevent you from running out of vaccine if there is a delay in filling your order.)
3. You may mail or fax your order to the VFC Program. Please do not mail orders you FAX, or vice versa; otherwise you may receive a duplicate order. If you have any questions, call toll free: 877-2Get-VFC (877-243-8832).

FAX orders to: Toll-free: 877-FAXX-VFC (877-329-9832)
Mail orders to: VFC Program
California Department of Health Services, Immunization Branch
2151 Berkeley Way, Room 712
Berkeley, CA 94704

VACCINES for CHILDREN CALIFORNIA VFC

STATE USE ONLY		
ASSIGNED		
APPROVED		
ASSIGNED		
ENTERED		
SHIPPED		