PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH
DIVISION OF DISEASE CONTROL
*IMMUNIZATION PROGRAM*

# VACCINES FOR CHILDREN (VFC) ORDER FORM

*(Telephone # for vaccine orders: (215) 685-6728* *FAX # for vaccine orders (215) 685-6510*

***** FOR VFC USE ONLY. IT'S PROHIBITED FOR NON-VFC PERSONNEL TO ALTER, CHANGE, HIGHLIGHT, OR AMEND THIS FORM *****

**Date:____/____/____ PIN#_____ PRIVATE PROVIDER : _____ Tel #:_____**

| VACCINE (Generic) | MANUFACTURER (Choose only ONE DTaP, ONE Hib, ONE Hep A, ONE Hep B , ONE Tdap Product) | # Doses Ordered | # Doses On-hand | For PDPH Use Only VACMAN ID#_____ | |
|---|---|---|---|---|---|
| | | | | Doses Issued | Doses Exceeded? |
| DTaP-HepB-IPV | (GlaxoSmithKline) Pediarix | | | | |
| DTaP | (GlaxoSmithKline) Infanrix | | | | |
| DTaP | (sanofi pasteur) DAPTACEL | | | | |
| Hepatitis A | (Merck) VAQTA | NOT AVAILABLE | | | |
| Hepatitis A | (GlaxoSmithKline) HAVRIX | | | | |
| Hepatitis B | (GlaxoSmithKline) Engerix B | | | | |
| Hepatitis B | (Merck) Recombivax HB | | | | |
| Hib (4 Dose) | (sanofi pasteur) ActHIB | | | | |
| Hib (3 Dose) | (Merck) PedvaxHIB | NOT AVAILABLE | | | |
| Hib-Hep B (Combo) | (Merck) COMVAX | NOT AVAILABLE | | | |
| HPV | (Merck) Gardasil | | | | |
| MMR | (Merck) | | | | |
| Meningococcal Conjugate (MCV4) | (sanofi pasteur) MENACTRA | | | | |
| Pneumococcal Conjugate (PCV7) | (Wyeth) Prevnar | | | | |
| Polio (Inactivated) | (sanofi pasteur) IPOL | | | | |
| Rotavirus | (Merck) RotaTeq | | | | |
| Tdap (for persons 11-18 years) | (sanofi pasteur) ADACEL | | | | |
| Tdap (for persons 10-18 years) | (GlaxoSmithKline) BOOSTRIX | | | | |
| Varicella (FROZEN) | (Merck) | | | | |
| Other Vaccine(s) (Td, Dt) | (Subject to PDPH VFC Approval) | | | | |
| Pneumococcal Poly-saccharide (PPV23) | (Merck) Pneumovax 23 | | | | |

**Days & Hours of Operation:** _____

**Please Note:** ***Vaccine orders will not be processed without the name and delivery hours of your site and the signature of the person responsible for vaccine administration. Also required are the # of vaccine doses on-hand (i.e., your vaccine inventory) for each vaccine ordered and valid temperature logs for the temperatures of your refrigerator(s) and freezer(s).***

**Signature**_____ **(Person Authorized to Order)**

(Rev. 01/24/2008)