



PHILADELPHIA DEPARTMENT OF PUBLIC HEALTH  
 DIVISION OF DISEASE CONTROL  
 IMMUNIZATION PROGRAM

**VACCINES FOR  
 CHILDREN (VFC)  
 FLU ORDER FORM**

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

FAX # for vaccine orders (215) 685-6510

**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).

**\*\*\* FOR VFC USE ONLY. IT'S PROHIBITED FOR NON-VFC PERSONNEL TO ALTER, CHANGE, HIGHLIGHT, OR AMEND THIS FORM. PROVIDERS SHOULD REPORT ALL VIOLATIONS IMMEDIATELY TO VFC AT 215-685-6498. \*\*\***

**Date:** \_\_\_ / \_\_\_ / \_\_\_ **PIN#** \_\_\_\_\_ **Facility Name :** \_\_\_\_\_ **Facility Tel #:** \_\_\_\_\_

Vaccine (Generic)	Manufacturer	# Doses Ordered	# Doses On-hand	For PDPH Use Only VACMAN ID#		
				Doses Issued	Doses Exceeded?	VFC Staff Initials
<b>Influenza Live Attenuated Intranasal Healthy 2-18 year olds</b>	(MedImmune) .....FluMist					
<b>Influenza Inactivated Preservative-free, Pre-filled Syringe 6-35 months</b>	(sanofi pasteur) .....Fluzone					
<b>Influenza Inactivated Multi-dose Vial 6 months and older</b>	(sanofi pasteur) .....Fluzone					

Days & Hours of Operation: \_\_\_\_\_ to \_\_\_\_\_

Signature \_\_\_\_\_  
 (Person Authorized to Order)

(8/25/08)