Division of Immunization Services
WEST VIRGINIA DEPARTMENT OF HEALTH AND HUMAN RESOURCES

West Virginia Division of Immunization Services

Vaccines for Children (VFC) Program
Phone: (304) 558-2188 or 1-800-642-3634 in WV
FAX: (888) 558-1941

PIN:

Vaccine Order/Reporting Form

Practice/Provider Name:	Area Code & Phone Number:	Start Date:	End Date:
Provider's Contact Name:	Area Code & Fax number:	Today's Date:	Do not indicate doses requested if you order vaccine online

Vaccine Name	Doses Administered	Doses on Hand	Manufacturer/Choice ** Place an X in the box of your choice	Doses Requested
DTaP 6 wks – 6 yrs			☐ Sanofi – Daptacel ☐ GSK – Infanrix ……. ☐ syringes ☐ vials	
DTaP/HepB/IPV 6 wks – 6 yrs			☐ GSK – Pediarix	
DTaP//Hib/IPV 6 wks – 4 yrs			☐ Sanofi – Pentacel	
DTaP/IPV 4 yrs – 6 yrs			☐ GSK – Kinrix ☐ syringes ☐ vials	
Hep A 12 mo – 18 yrs			☐ GSK – Havrix ..... ☐ syringes ☐ vials ☐ Merck – Vaqta	
Hep B- PF (3 dose) Birth – 18 yrs			☐ GSK – Engerix B..... ☐ syringes ☐ vials ☐ Merck – Recombivax HB	
Hib 6 wks – 4 yrs			☐ Sanofi – ActHib ☐ Merck – Pedvax	
Hiberix 15 mo – 4 yrs			☐ GSK – Hiberix	
Human Papillomavirus HPV 11yrs – 18 yrs			☐ GSK – Cervarix - Bivalent ☐ syringes ☐ vials ☐ Merck – Gardasil - Quadrivalent	
IPV 6 wks – 18 yrs			☐ Sanofi – IPOL	
MMR 12 mo – 18 yrs			☐ Merck – MMRII	
MMR/Varicella 12 mo – 12 yrs			☐ Merck – MMRV -- ProQuad	
Meningococcal Conjugate -MCV 4 11yrs – 18 yrs			☐ Sanofi – Menactra – MCV4P ☐ Novartis – Menveo – MCV4O	
Pneumococcal Conjugate PCV-13 6 wks – 4 yrs			☐ Pfizer – Prevnar	
Pneumococcal Polysaccharide PPV 23 2 yrs – 18 yrs			☐ Merck – Pneumovax 23	
Rotavirus 6 wks – 7 mo			☐ GSK – Rotarix - RV 1 ☐ Merck – RotaTeq RV 5	
Td (for health departments only)			☐ Sanofi - Decavac®	
Tdap 7 yrs – 18 yrs 7 yrs – 18 yrs			☐ GSK – Boostrix……. ☐ syringes ☐ vials ☐ Sanofi – Adacel …….. ☐ syringes ☐ vials	
Varicella 12 mo – 18 yrs			☐ Merck – Varivax	
Flu-PF .25ml 6 mo – 35 mo			☐ Sanofi – Fluzone ☐ syringes	
Flu-PF .50ml 3 yrs – 18 yrs			☐ GSK – Fluarix ☐ syringes ☐ Sanofi – Fluzone ☐ vials	
Flu 10 dose vial 6 mo and older			☐ Sanofi – Fluzone MDV	
Flu (FluMist) 2 yrs – 18 yrs			☐ MedImmune (Sprayer)	
DT 6 wks – 6 yrs			☐ Sanofi	

****VFC will honor providers' choice based on vaccine availability**

Temperature log must be faxed to the VFC office monthly