

**SCHOOL IMMUNIZATION CATCH-UP (SICU) PROGRAM
2017-2018 SCHOOL YEAR VACCINE ORDERING FORM**

All orders can be requested July 31, 2017 until the end of the 2018 school year.

Complete and submit this form to the following address at least four weeks before the first immunization clinic date.

Nursing Services Consultant
Division of Immunizations
Pennsylvania Department of Health
Room 1026 | Health and Welfare Building
625 Forster St | Harrisburg, Pa 17120-0701
Phone: 717-787-5681 | Fax: 717-214-7223

- 1) Name of school district _____ County _____
- 2) Name of school(s) _____
- 3) Name of school nurse (Contact person) _____
Address where vaccines are to be delivered: (no P.O. Box addresses)

Telephone# _____
Email address _____

Fax# _____

- 4) Immunization clinic schedule (doses and dates)

Hepatitis B _____ Doses Date	Hepatitis B _____ Doses Date	Hepatitis B _____ Doses Date
Varicella _____ Doses Date	MCV _____ Doses Date	Tdap _____ Doses Date
DTaP _____ Doses Date	MMR _____ Doses Date	Polio _____ Doses Date

All those requesting vaccines for school-based immunization clinics must submit a Final Results form including those schools that partner with a public health department. Please order adequate doses of needed vaccines at one time. Should you have any questions regarding this order, please call 717-787-5681.