

# SCHOOL IMMUNIZATION CATCH UP (SICU) PROGRAM 2014/2015 SCHOOL YEAR VACCINE ORDERING FORM

**Hepatitis B Orders DUE BY NOVEMBER 16, 2014**  
**Varicella, Tdap and MCV Orders DUE BY APRIL 19, 2015**

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

Nursing Services Consultant  
Division of Immunizations  
Pennsylvania Department of Health  
Room 1026 | H & W Building  
625 Forster Street | 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# \_\_\_\_\_ Fax# \_\_\_\_\_  
Email address \_\_\_\_\_

- 4) Immunization Clinic Schedule (Doses and Dates)

<b>Hepatitis B (1)</b> _____	_____	<b>Hepatitis B (2)</b> _____	_____	<b>Hepatitis B (3)</b> _____	_____
Doses	Date	Doses	Date	Doses	Date
<b>Varicella</b> _____	_____	<b>MCV</b> _____	_____	<b>Tdap</b> _____	_____
Doses	Date	Doses	Date	Doses	Date

- 5) To ensure delivery does not occur during times when the school is closed please indicate below hours available for vaccine delivery.

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_  
Anticipated closure dates close to planned clinic: \_\_\_\_\_

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. Vaccines will be delivered approximately two weeks prior to the immunization date(s). Please order adequate doses of needed vaccines at one time. The Division of Immunizations will not consider any additional requests. **Please ensure that the vaccines are stored appropriately upon delivery.** Should you have any questions regarding this order, please call (717) 787-5681.