

**VACCINES FOR CHILDREN
2016-2017 SEASONAL INFLUENZA VACCINE ORDER FORM**



PIN: _____

DATE: _____

***Indicates – Preservative Free**

Phone: _____

Fax: _____

Make copies of this form for additional requests.

I take full responsibility for the information on this form and attest that there is a current temperature log at this practice site.

Signature of person completing this form: _____

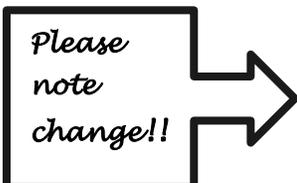
Fax Order to: (717) 441-3777 or (717) 441-3800 or e-mail to: paimmunizations@pa.gov

Manufacturer	Brand	Age Coverage	Description	# of DOSES Requested
Sanofi	Fluzone	6 mth & over	10 dose – Multi-dose vial – 5mL - <i>Quadrivalent</i> NDC # 49281-0625-15	
Sanofi	Fluzone	6 mth - 35 mth	*10 Pre-filled syringes – 0.25mL - <i>Quadrivalent</i> NDC # 49281-0516-25	
GSK	Fluarix	36 mth & over	*10 Pre-filled syringes – 0.5mL - <i>Quadrivalent</i> NDC # 58160-0905-52	
MedImmune	FluMist	2 yrs – 18 yrs Healthy	*10 Single dose – Intranasal - <i>Quadrivalent</i> NDC # 66019-0303-10	NOT AVAILABLE through VFC

VACCINES FOR CHILDREN (VFC) PROGRAM ONLY COVERS VACCINES THROUGH AGE 18.

NOTE: Every attempt will be made to fill your order as requested based on the available vaccine in each packaging.

VFC – TOLL FREE NUMBER - 888-646-6864



Shipments CANNOT be split. Make copies of this form for additional requests.