

**SCHOOL IMMUNIZATION CATCH-UP (SICU) PROGRAM  
2018-2019 SCHOOL YEAR VACCINE ORDERING FORM**

**All orders can be requested July 31, 2018 until the end of the 2019 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# \_\_\_\_\_ Fax# \_\_\_\_\_  
Email address \_\_\_\_\_

- 4) Immunization clinic schedule (doses and dates)

<b>Hepatitis B</b>	_____	_____	<b>Hepatitis B</b>	_____	_____	<b>Hepatitis B</b>	_____	_____
	Doses	Date		Doses	Date		Doses	Date
<b>Varicella</b>	_____	_____	<b>MCV</b>	_____	_____	<b>Tdap</b>	_____	_____
	Doses	Date		Doses	Date		Doses	Date
<b>DTaP</b>	_____	_____	<b>MMR</b>	_____	_____	<b>Polio</b>	_____	_____
	Doses	Date		Doses	Date		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.