SCHOOL IMMUNIZATION CATCH-UP (SICU) PROGRAM
2019-2020 SCHOOL YEAR VACCINE ORDERING FORM

All orders can be requested July 31, 2019 until the end of the 2020 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)

<table>
<thead>
<tr>
<th>Hepatitis B</th>
<th>Hepatitis B</th>
<th>Hepatitis B</th>
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</thead>
<tbody>
<tr>
<td>Doses</td>
<td>Date</td>
<td>Doses</td>
</tr>
<tr>
<td>Varicella</td>
<td>MCV</td>
<td>Tdap</td>
</tr>
<tr>
<td>Doses</td>
<td>Date</td>
<td>Doses</td>
</tr>
<tr>
<td>DTaP</td>
<td>MMR</td>
<td>Polio</td>
</tr>
<tr>
<td>Doses</td>
<td>Date</td>
<td>Doses</td>
</tr>
</tbody>
</table>

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.