



Immunization Program Resource Materials Request Form

PRACTICE/FACILITY NAME:		PIN #
MAILING ADDRESS:		
CITY:	STATE: Vermont	ZIP CODE:
TELEPHONE:	FAX: ()	DATE OF REQUEST: ____/____/____

	QUANTITY
2 year supply of Temperature Logs	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Childhood Vaccine Administration Forms (for office charts)	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200
Adult Vaccine Administration Form (for office charts)	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200
Lifetime Immunization Records (for client use)	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200
Vermont Department of Health Childhood Immunization Schedule	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20
Vermont Department of Health Adult Immunization Schedule	<input type="checkbox"/> 5 <input type="checkbox"/> 10 <input type="checkbox"/> 20
DO NOT DISCONNECT stickers	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Refrigerator Magnets with temps displayed	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Reminder/recall postcards	<input type="checkbox"/> 50 <input type="checkbox"/> 100 <input type="checkbox"/> 200
Video on Immunization Techniques	<input type="checkbox"/> 1
Vaccine Information Statements Master Copies Packet	<input type="checkbox"/> 1

Please fax request to: 1-802-865-7701

Any questions please call 1-800-464-4343 x 7638

For current Vaccine Information Statements (VIS's), as well as Vaccine Information Statements in languages other than English, please download them from:

www.immunize.org/vis

Date forms sent: ____/____/____ (office use only)