

## Flu Vaccine Order Form - Vaccines for Children Program

Complete information in boxes one through four. This form should be submitted with the VFC Vaccine Usage Worksheet, the WV Vaccine on Hand Report and the Temperature Log. If PIN number is unknown or assistance is required, call the Immunization Program at (800) 642-3634.

1. Date submitted:	2. VFC PIN (state assigned):
3. Facility name:	

Vaccines	Brand	Manufacturer	Packaged	Doses Ordered
Flu-PF (.25ml) (Age 6-35 months)	Fluzone	Sanofi Pasteur	10 x 1 dose syringe	
Flu(.5ml) (Preservative Free) (Age 3 – 18 years)	Fluzone	Sanofi Pasteur	10 x 1 dose vials	
Flu(.5ml) (Age 6 months and up)	Fluzone	Sanofi Pasteur	10 dose vial	
FluMist (Preservative Free) (Age 2-49 years)  ** VFC Vaccine may not be given to anyone 19 years of age and older **	FluMist	MedImmune	10 x 1 dose sprayer	

4. Signature: \_\_\_\_\_

Please comment on special circumstances requiring unusually high amounts of vaccine requested on this order:

\_\_\_\_\_

Delivery Changes: \_\_\_\_\_

\_\_\_\_\_

