Kentucky Immunization Program
275 East Main Street HS 2 E-B
Frankfort, KY 40621-0001

Kentucky Vaccines for Children Program
Vaccine Order and Eligibility Worksheet
Public Health Departments

Telephone: (502) 564-4478
Fax: (502) 564-4760

VFC PIN	Provider Name
Address Phone ( ) _____ Ext. _____	City
Report Completed by	Start to end date _____ to _____

	VACCINES*	Doses Requested	Lot # & # of doses expired or wasted	Current Physical Inventory
	DT, PEDIATRIC			
DTaP	Circle: DAPTACEL or TRIPEDIA (Sanofi)			
DTaP	INFANRIX (GlaxoSmithKline) Circle: vials or syringes			
	DTaP-HEPB-IPV – PEDIARIX Circle: Vials or Syringes			
	EIPV			
	HEP A Pediatric (high risk)			
	HEP B ADULT			
HEP B	ENGERIX (GlaxoSmithKline) Circle: vials or syringes			
HEP B	RECOMBIVAX (Merck)			
	HEP B-HIB – COMVAX			
HIB	ACT HIB (Sanofi)			
HIB	PEDVAX (Merck)			
	MCV4 - MENINGOCOCCAL CONJUGATE – Menactra			
	MPSV4 - MENINGOCOCCAL POLYSACCHARIDE- Menomune (high risk)			
	MMR (Merck)			
	MMRV – ProQuad (Merck)			
	Pneumococcal Polysaccharide (high risk)			
	PNEUMOCOCCAL CONJUGATE - Prevnar			
	TD, ADULT (any brand available)			
Tdap	ADACEL (Sanofi)			
Tdap	BOOSTRIX (GlaxoSmithKline)Circle: vials or syringes			
	VARICELLA – VARIVAX **			

*The VFC Program will try to honor requests for specific brands of these items, however, you may receive an alternate brand due to product availability. If you prefer to receive one specific brand, regardless of availability, please indicate by writing **"Do Not Substitute"** next to that particular vaccine.

****Varicella and ProQuad vaccines are shipped separately, directly from Merck.**