KENTUCKY IMMUNIZATION PROGRAM	DATE:	VFC PIN:	PREPARED BY:	
275 EAST MAIN STREET HS2E-B	PROVIDER NAME:			
FRANKFORT, KY 40621-0001	ADDRESS:			
PHONE: 502-564-4478 FAX: 502-696-4923	CITY:		ZIP CODE:	COUNTY:
EMAIL: DPH.KVP@KY.GOV	□ CHECK HERE IF THIS IS A NEW ADDRESS		PHONE:	
OFFICE HOURS: MON TUES WED THURS FRI			FAX:	
DATES OFFICE CLOSED (NEXT 30 DAYS)				

PLEASE COMPLETE ALL SECTIONS OF THIS ORDER FORM FOR VFC TO PROCESS YOUR VACCINE ORDER

VACCINES		REQUEST DOSES	PREVIOUS STOCK	ORDERS RECEIVED	TRANSFER/ EXPIRED DOSES	DOSES GIVEN	CURRENT STOCK	NDC#	LOT#	EXPIRATION DATE
DTAP	DAPTACEL 10 VIALS (SANOFI)									
	INFANRIX 10 SYRINGES (GSK)									
	INFANRIX 10 VIALS (GSK)									
DTAP/HEPB/IPV PEDIARIX 10 SYRINGES (GSK)										
DTAP/IPV/HIB PENTACEL 5 VIALS (SANOFI)										
DTAP/ IPV	KINRIX 10 VIALS (GSK)									
	KINRIX 10 SYRINGES (GSK)									
IPV 10 VIALS (SANOFI)										
HEP A	HAVRIX 10 VIALS (GSK)									
	HAVRIX 10 SYRINGES (GSK)									
	VAQTA 10 VIALS (MERCK)									
	VAQTA 6 SYRINGES(MERCK)									

VFC PIN _____

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VACCINES		REQUEST DOSES	PREVIOUS STOCK	ORDERS RECEIVED	TRANSFER/ EXPIRED DOSES	DOSES GIVEN	CURRENT STOCK	NDC#	LOT#	EXPIRATION DATE
HEP B	ENGERIX 10 VIALS (GSK)									
	ENGERIX 10 SYRINGES (GSK)									
	RECOMBIVAX 10 VIALS (MERCK)									
	RECOMBIVAX 6 SYRINGES(MERCK)									
HEPB/HIB COMVAX 10 VIALS (MERCK)										
HIB	ACT HIB 5 VIALS (SANOFI)									
	HIBERIX 10 VIALS (GSK)									
	PEDVAX 10 VIALS (MERCK)									
HPV GARDASIL 10 VIALS (MERCK)										
Hib-MenCY-TT MENHIBRIX 10 VIALS (GSK)										
MCV4 MENACTRA 5 VIALS (SANOFI)										
MenACWY-CRM MENVEO 5 VIALS (NOVARTIS)										
MMR 10 VIALS (MERCK)										
*MMRV PROQUAD 10 VIALS (MERCK)										
PNU13 PREVNAR 10 SYRINGES (WYETH)										

*** These vaccines ship directly from the manufacturer on a separate schedule and are stored in the freezer**

VFC PIN _____

PLEASE COMPLETE ALL SECTIONS OF THIS ORDER FORM FOR VFC TO PROCESS YOUR VACCINE ORDER										
VACCINES		REQUEST DOSES	PREVIOUS STOCK	ORDERS RECEIVE	TRANSFER/	DOSES GIVEN	CURRENT STOCK	NDC#	LOT#	EXPIRATION DATE
ROTA	ROTA TEQ 10 TUBES (MERCK)									
	ROTA TEQ 25 VIALS (MERCK)									
	ROTARIX 10 VIALS (GSK)									
TDAP	ADACEL 10 VIALS (SANOFI)									
	ADACEL 5 SYRINGES(SANOFI)									
	BOOSTRIX 10 VIALS (GSK)									
	BOOSTRIX 10 SYRINGES (GSK)									
***VARICELLA 10 VIALS (MERCK)**										
SPECIAL VACCINES ** HIGH RISK PATIENTS, SPECIAL SITUATIONS, AND OUTBREAKS. MUST HAVE PATIENT WAITING.										
******DT PEDIATRIC 1 VIAL (SANOFI) □ **PATIENT WAITING**										
******PPSV23 PNEUMOVAX 23 1 VIAL (Merck) □ **PATIENT WAITING**										
******TD PEDIATRIC (AGES 7 TO 18) 1 VIAL OR SYRINGE □ **PATIENT WAITING**										
INFLUENZA	******* FLUMIST 10 SPRAYERS (MEDIMMUNE)									
	******* FLUZONE PF 10 VIALS (SANOFI)									
	******* FLUZONE MDV (SANOFI)									
	******* FLUARIX 10 VIALS (GSK)									
	******* FLUVIRIN 10 VIALS (NOVARTIS)									

***** INFLUENZA IS FOR REPORTING INVENTORY AND DOSES ADMINISTERED ONLY. FLU IS PRE-BOOKED USING A SEPARATE ORDER FORM IN THE SPRI**

VFC PIN _____

KVP ELIGIBILITY	<1 YEAR	1-6 YRS	7-18 YRS	TOTALS
MEDICAID/MANAGED CARE				
******UNINSURED**				
*******UNDERINSURED**				
AMERICAN INDIAN				
ALASKAN NATIVE				
KCHIP				

ELIGIBILITY MUST BE COMPLETED OR THE ORDER WILL NOT BE PROCESSED.

**** UNINSURED CHILDREN DO NOT HAVE INSURANCE OF ANY TYPE

*****UNDERINSURED CHILDREN HAVE INSURANCE BUT THE INSURANCE DOES NOT COVER SOME OR ALL VACCINATIONS. CHILDREN IN THIS CATEGORY ARE ELIGIBLE FOR VFC VACCINE IN REGARDS TO THE VACCINES NOT COVERED BY THEIR INSURANCE AND ONLY AT FQHC, RH OR DELEGATED LOCAL HEALTH DEPARTMENT CLINICS.

USE SPACES BELOW TO REPORT CURRENT INVENTORY WITH MORE THAN TWO NDC NUMBERS

VACCINES	CURRENT STOCK	NDC#	LOT#	EXPIRATION DATE