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

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

VFC PIN	Provider Name	County
Address	City	Phone ( ) _____ EXT. _____
Report Completed By	Start date _____ End date _____	

	VACCINES	Doses Requested	Previous Inventory	Inventory Received	Lot # & # of doses expired/ wasted	Doses Given	Current Inventory
DTaP	DAPTACEL (Sanofi)						
	TRIPEDIA (Sanofi)						
	INFANRIX vials (GlaxoSmithKline)						
	INFANRIX syringes (GlaxoSmithKline)						
	DTaP-HEPB-IPV – PEDIARIX vials (GlaxoSmithKline)						
	DTaP-HEPB-IPV – PEDIARIX syringes (GlaxoSmithKline)						
HEP A	Havrix vials (GlaxoSmithKline)						
	Havrix syringes (GlaxoSmithKline)						
	VAQTA (Merck)						
HEP B	ENGERIX vials (GlaxoSmithKline)						
	ENGERIX syringes (GlaxoSmithKline)						
	RECOMBIVAX (Merck)						
	HEP B-Hib – COMVAX (Merck)						
Hib	ACT Hib (Sanofi)						
	PEDVAX (Merck)						
	IPV (Sanofi)						
	MCV4-MENINGOCOCCAL CONJUGATE – Menactra (Sanofi)						
	MMR (Merck)						
	MMRV – ProQuad* (Merck)						
	PNEUMOCOCCAL CONJUGATE - Prevnar (Wyeth)						
	Rotavirus-Rota Teq (Merck)						
Tdap	ADACEL (Sanofi)						
	BOOSTRIX vials (GlaxoSmithKline)						
	BOOSTRIX syringes (GlaxoSmithKline)						
	VARICELLA – VARIVAX * (Merck)						

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

The following chart should reflect the number of children you have vaccinated within the time period indicated by the start and end dates listed above. This information can be transferred directly from your activity worksheet.
YOU MUST COMPLETE THIS SECTION TO PROCESS YOUR ORDER.

VFC ELIGIBILITY	<1 Year	1-6 Years	7-18 Years	Totals
MEDICAID (Passport included)				
NO INSURANCE (Uninsured)				
UNDERINSURED (Insurance does not cover immunizations)				
AMERICAN INDIAN				
ALASKAN NATIVE				
KCHIP				

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SPECIAL VACCINE ORDER WORKSHEET
Page 2

VFC PIN	Provider Name	County
Address	City	
Phone ( ) _____ EXT. _____		
Report Completed By	Start date _____ End date _____	

VACCINES*	Doses Requested	Previous Inventory	Inventory Received	Lot # & # of doses expired/ wasted	Doses Given	Current Inventory
DT, PEDIATRIC (Sanofi)						
HEP A Adult (special situations only, any brand available)						
HEP B Adult (special situations only, any brand available)						
Influenza FluMist (MedImmune)						
Influenza Fluzone (Sanofi)						
Influenza Fluzone PF (Sanofi)						
MPSV4 - MENINGOCOCCAL POLYSACCHARIDE- Menomune (Sanofi) (HighRisk)						
Pneumococcal Polysaccharide Pneumovax – (Merck) (high risk)						
Td, Adult (any brand available)						

The VFC Eligibility chart has been left off this sheet on purpose. Please fill out the VFC eligibility of the children you vaccinated on the prior page of this worksheet.

Please send page 2 of the worksheet with the first page ONLY if you need to order these vaccines.