



Division of Disease Control, Bureau of Immunization  
**FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM**  
**VACCINE REPORT FORM FAX TO: (850) 245-4734**

DATE: \_\_\_\_\_ VFC PIN NUMBER (6 digit): \_\_\_\_\_

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

CONTACT PERSON

DELIVERY ADDRESS (Number and Street—No P.O. Boxes)

TELEPHONE

**Your designated ordering schedule is:** Q4: Quarterly 16th through 31st of Jan / Apr / Jul / Oct

DOSES SHIPPED	A		B	C	D	E	F
Check if Vaccine Not Needed	Vaccine Name		Brand Name (Circle Choice)	Packaging (Check Preferred Presentation)	Number of Doses Used Since Last Order	Current Inventory	Returned Vaccines Since Last Order
	DT (PEDIATRIC)	DT	Sanofi Pasteur	<input type="checkbox"/> 10 single dose vials			
	DTaP	DD	Daptacel	<input type="checkbox"/> 10 single dose vials			
		DIV	Infanrix	<input type="checkbox"/> 10 single dose vials			
		DIS	Infanrix	<input type="checkbox"/> 10 single dose syringes			
		PES	Pediarix	<input type="checkbox"/> 10 single dose syringes			
	DTaP/HEP B/IPV	KV	Kinrix	<input type="checkbox"/> 10 single dose vials			
	DTaP/IPV	KS	Kinrix	<input type="checkbox"/> 10 single dose syringes			
		N	Pentacel	<input type="checkbox"/> 5 single dose vials			
	Hep A	HV	Havrix	<input type="checkbox"/> 10 single dose vials			
		HS	Havrix	<input type="checkbox"/> 10 single dose syringes			
		HVA	Vaqta	<input type="checkbox"/> 10 single dose vials			
	Hep B	HBV	Engerix B	<input type="checkbox"/> 10 single dose vials			
		HBS	Engerix B	<input type="checkbox"/> 10 single dose syringes			
		HBR	Recombivax	<input type="checkbox"/> 10 single dose vials			
	Hep B/Hib	OX	Comvax	<input type="checkbox"/> 10 single dose vials			
	Hib	IA	ActHIB	<input type="checkbox"/> 5 single dose vials			
		IX	Hiberix	<input type="checkbox"/> 10 single dose vials			
		IP	PedvaxHIB	<input type="checkbox"/> 10 single dose vials			
	HPV-2	CS	Cervarix	<input type="checkbox"/> 5 single dose syringes			
	HPV-4	G	Gardasil	<input type="checkbox"/> 10 single dose vials			
	IPV	EV	Ipol	<input type="checkbox"/> 10 dose multi-vials			
	MMR	M	MMRII	<input type="checkbox"/> 10 single dose vials			
N/A	MMRV	PQ	ProQuad	<input type="checkbox"/> 10 single dose vials			
	MCV-4	MC	Menactra	<input type="checkbox"/> 5 single dose vials			
		O	Menveo	<input type="checkbox"/> 5 single dose vials			
	PCV-13	PR	Prevnar 13	<input type="checkbox"/> 10 single dose syringes			
	PPSV	PP	Pneumovax	<input type="checkbox"/> 10 single dose vials			
	ROTA	RX	Rotarix	<input type="checkbox"/> 10 single dose vials			
		R	RotaTeq	<input type="checkbox"/> 10 single dose tubes			
	Td	TV	Decavac	<input type="checkbox"/> 10 single dose vials			
		TS	Decavac	<input type="checkbox"/> 10 single dose syringes			
	Tdap	PAV	Adacel	<input type="checkbox"/> 10 single dose vials			
		PAS	Adacel	<input type="checkbox"/> 5 single dose syringes			
		PBV	Boostrix	<input type="checkbox"/> 10 single dose vials			
		PBS	Boostrix	<input type="checkbox"/> 10 single dose syringes			
	VARICELLA	V	Varivax	<input type="checkbox"/> 10 single dose vials			

CHILDREN IMMUNIZED/VFC ELIGIBILITY	<1 Year	1-6 Years	7-10 Years	11-12 Years	13-18 Years	Total
<i>From Vaccine Usage Worksheet</i>						
Medicaid						
No Insurance						
Underinsured						
American Indian/Alaskan Native						



**Florida Department of Health  
Bureau of Immunization  
Vaccines for Children (VFC) Program  
(800) 483-2543**



**Quarterly Provider Ordering Chart (Q4)**

Place vaccine order in the second-half of the highlighted months.

January																
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
February																
March																
April																
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	
May																
June																
July																
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
August																
September																
October																
	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
November																
December																

www.ImmunizeFlorida.com/vfc  
FloridaVFC@doh.state.fl.us

Fax (850) 245-4734  
Report Fraud or Abuse (866) 313-0644

To contact a VFC Representative by county: (800) 483-2543, Option 6 and extensions:

- 1 = Enrollment and Recertification forms
- 2 = Confirmation of fax, status of order, general questions
- 3 = Dade county
- 4 = Broward, Duval, Hillsborough, Orange, Palm Beach, and Pinellas counties
- 5 = All the other counties
- 8 = Information