REQUEST FOR VACCINE FOR CHILDREN (VFC) PROGRAM MATERIAL

State Form 53857 (1-09)
INDIANA STATE DEPARTMENT OF HEALTH, IMMUNIZATION PROGRAM

INSTRUCTIONS:
1. *Provider should complete the form.*
2. *Return the form by fax to 317-233-3719 or by mail to:*
   Immunization Department, 2 North Meridian Street, Section #6A-22, Indianapolis, IN 46204.

VFC PIN Number: _____ Date of Request *(month, day, year)*: _____

Provider Name: _____

Contact: _____ Telephone number: _____

E-mail address: _____

Address: _____

City/State/ZIP code: _____

Description	Quantity Requested
CHIRP – Reminder/Recall Postcards (Blank)	
CHIRP – Reminder/Recall Postcards (Pre-Printed)	
Immunization Record Card – Blue (CHIRP card)	
Immunization Record Card – White (pre-printed) – SF23214	
VIS - DTaP (Diphtheria, Tetanus and Pertussis)	
VIS - Hepatitis A	
VIS - Hepatitis B	
VIS - Hib (Haemophilus Influenza Type B	
VIS - HPV (Human Papillomavirus)	
VIS - Inactivated Influenza Vaccine	
VIS - IPV (Polio)	
VIS - MCV4 (Meningococcal Conjugate)	
VIS - MMR (Measles, Mumps and Rubella)	
VIS - Multi-Vaccine	
VIS - PCV7 (Pneumococcal Conjugate/Prevnar)	
VIS - Rotavirus	
VIS - Td (Tetanus and Diphtheria)	
VIS - Tdap (Tetanus, Diphtheria & Pertussis)	
VIS - Varicella/Chickenpox	