

MONTHLY VACCINE REQUEST FORM

Clallam County Department of Health and Human Services

PORT ANGELES OFFICE

Phone: (360) 417-2412

Fax: (360) 417-2519

FORKS OFFICE

Phone: (360) 374-3121

Fax: (360) 374-5418

CLINIC NAME _____

DATE _____

VACCINE ORDERS RECEIVED BY TUESDAY MAY BE PICKED UP THURSDAY OR FRIDAY OF THE SAME WEEK. ORDERS RECEIVED AFTER TUESDAY MAY BE PICKED UP THURSDAY OR FRIDAY OF THE FOLLOWING WEEK.

VACCINE	PACKAGE SIZE	DOSES ORDERED	DOSES DISPENSED	LOT NUMBER	EXPIRATION DATE
DtaP	Individual doses				
DT (age 0-6)	Special Request				
TD (age 7-19)	10/vial				
HIB	Individual doses				
Pneumococcal Conjugate(Prevnar)	Individual doses				
IPV	10/vial				
MMR	Individual doses				
Hepatitis B	Individual doses				
Hepatitis A	Individual doses				
Influenza	10/vial				
Pneumococcal Polysaccharide	5/vial				
Varicella	10/box				

PICK UP DATE _____

RECEIVED BY _____

DISTRIBUTED BY _____

DATE _____