

## SOUTH DAKOTA DEPARTMENT OF HEALTH FORM ORDER

Clinic/Hospital Name: \_\_\_\_\_ VFC Provider Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Date Ordered: \_\_\_\_\_ Date Filled: \_\_\_\_\_

Vaccine Information Statements*	# PADS	Immunization Forms	# PADS	Other Available Items	EACH
DTaP VIS		After the Shots...		Refrigerator LogTag	
Hepatitis A VIS		Vaccine Administration Record - Pediatric		Freezer LogTag	
Hepatitis B VIS		Vaccine Administration Record - Adult		Backup LogTag	
Hib VIS		Patient VFC Eligibility Screening Record		Pink Book	
HPV-- Gardasil VIS		Form Order Forms		Do Not Break Circuit Stickers	
HPV- Cervarix VIS		Monthly Provider Certification and Doses Received Form		Warning- Do Not Unplug Stickers	
Meningococcal VIS		Celsius Temperature Logs		Reportable Disease Poster	
MMR (Measles/Mumps/Rubella) VIS		Vaccines Exposed to Abnormal Temps Worksheet		Monitor Marks	
MMRV (Measles/Mumps/Rubella & Varicella) VIS		Vaccine Transfer/Wastage Report form		Cold Mark Indicators	
Pneumococcal Conjugate (PCV13) VIS		Returned Wastage Report form			
Pneumococcal Polysaccharide (PPSV23) VIS		VFC Vaccine Borrowing Report Form		<b>OTHER REQUESTS</b>	
Polio VIS		Certificate of Immunization			
Rotavirus VIS		Current Immunization Schedules			
TdapVIS		VAERS (vaccine adverse event reporting)			
Td VIS		Ring Bound Refrigerator Charts			
Varicella VIS		SDIIS Reminder/Recall Postcards (50/pkg)			
Your Baby's First Vaccines Multi VIS		Pocket Lifetime Immunization Record Cards		<b>FOR PUBLIC HEALTH OFFICES</b>	
Inactive Flu VIS		VFC Eligibility Chart Poster (each)		PPD (TB Skin Test) 10 test vial	
Live Flu VIS				PPD (TB Skin test) 50 test vial	

**Fax to the Immunization Program at 605-773-4113**

\*All VIS statements can be found at <http://www.cdc.gov/vaccines/hcp/vis/index.html>. Please refer to the website if you need a VIS statement immediately.

Revised 01/2015