

SOUTH DAKOTA IMMUNIZATION ORDER FORM



Clinic/Hospital Name: _____ VFC Provider Number: _____

Address: _____ City: _____ Zip Code: _____

Contact Person: _____ Date Ordered: _____

Immunization Forms	# PADS	Other Available Items	EACH
After the Shots...		Refrigerator LogTag	
Patient VFC Eligibility Screening Record		Freezer LogTag	
Form Order Forms		Backup LogTag	
Monthly Provider Certification and Doses Received Form		Logtag Instruction Manual	
Refrigerator Temperature Celsius Log		Ring Bound Refrigerator Charts	
Freezer Temperature Celsius Log		Warning- Do Not Unplug Stickers	
Vaccines Exposed to Abnormal Temps Worksheet		Do Not Break Circuit Stickers	
Vaccine Transfer & Transport report form		Records May Be Shared Poster (Green)	
Vaccine Wastage Report & Return form		You Will Not Be Denied Poster (Blue)	
VFC Vaccine Borrowing Report Form		Reportable Disease Poster	
Certificate of Immunization		OTHER REQUESTS	
Current Immunization Schedules			
VAERS (Vaccine Adverse Event Reporting)			
SDIIS Reminder/Recall Postcards (50/pkg)			
Pocket Lifetime Immunization Record Cards			
VFC Eligibility Chart Poster (each)			
SDIIS Refusal to Release Information Form			
SDIIS Brochure (Protect Yourself & Your Family, Get Vaccinated)		FOR PUBLIC HEALTH OFFICES	
Pink Book		PPD (TB Skin Test) 10 test vial	
Vaccine Administration Record- Pediatric		PPD (TB Skin test) 50 test vial	
Vaccine Administration Record- Adult			

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 08/2021