



Immunization Program Provider Resource Materials Request Form

To submit a request for resource materials from the Immunization Program at the Vermont Department of Health:

1. Provide all contact information.
2. Select type of material and desired quantity (click in box next to desired quantity).
3. Save the pdf document and attach it in an e-mail to the immunization program at ahs.vdhimmunizationprogram@vermont.gov

Please allow 7 business days to process/ship materials requested.

Practice / Facility Name: PIN #:

Mailing Address:

City: State: VT Zip Code:

Telephone #: Fax #:

Temperature Logs	<input type="checkbox"/>	Refrigerator	<input type="checkbox"/>	Freezer		
Childhood Vaccine Administration Form (office charts)	<input type="checkbox"/>	50	<input type="checkbox"/>	100	<input type="checkbox"/>	200
VDH Childhood Immunization Schedule	<input type="checkbox"/>	5	<input type="checkbox"/>	10	<input type="checkbox"/>	20
"DO NOT DISCONNECT" sticker	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3

Reminder / Recall Postcard

100 200 300 50 75 100 50 75 100

Please indicate if other amounts are desired

For current Vaccine Information Statements (VIS) in English and other languages, please visit www.immunize.org/vis.