

**Arizona Department of Health Services  
Arizona Immunization Program Office  
150 North 15th Avenue, Suite 120  
Phoenix, AZ 85007-3233  
Phone (602) 364-3642 Fax (602) 364-3276**

**VACCINE INFORMATION STATEMENT (VIS) REQUEST**

Amount	VISs - English	VISs - Spanish	Amount
	DTaP	DTaP	
	Influenza – TIV	Influenza – TIV	
	Influenza – LAIV	Influenza – LAIV	
	Hep A	Hep A	
	Hep B	Hep B	
	Hib	Hib	
	Human papillomavirus (HPV2)	Human papillomavirus (HPV2)	
	Human papillomavirus (HPV4)	Human papillomavirus (HPV4)	
	IPV	IPV	
	Meningococcal	Meningococcal	
	MMR	MMR	
	MMRV	MMRV	
	Pneumo Conj (PCV13)	Pneumo Conj (PCV13)	
	Pneumo Poly (PPV23)	Pneumo Poly PPV23)	
	Rotavirus	Rotavirus	
	Tdap	Tdap	
	Td	Td	
	Varicella	Varicella	

All private providers will receive one (1) copy of each VIS or may print a copy from the web site:  
[www.cdc.gov/nip/publications/VIS/default.htm](http://www.cdc.gov/nip/publications/VIS/default.htm)

**OTHER FORMS REQUEST**

Amount	Form
	Lifetime Immunization Record Card (LIRC 3000 Rev. 8/10) (250 per pack)
	Adolescent/Adult Immunization Record (6-Imm-024 Rev. 11/07) (100 per pack)
	Child/Adolescent Immunization Administration Record – Blue (AIR111-1 Rev. 12/09) (250 per pack)
	Adult Immunization Administration Record – Yellow (AIR111-2 Rev. 11/09) (100 per pack)
	Influenza Administration Record – Green (AIR111-3 Rev. 11/08) (100 per pack)
	Arizona School Immunization Record (ASIR 109R Rev. 12/11) (100 per pack)
	“Immunization Reporting and You” (Version 02/08)
	VFC Red Caution Refrigerator/Freezer Magnet
	“Do Not Unplug” signs English and Spanish
	VFC Stickers for Vaccines
	Circuit Breaker Signs
	Plug Guards

Date Order Received:

Initials:

Date Order Shipped:

Initials:

*Please complete:*

**Provider:** \_\_\_\_\_ **PIN:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** AZ **Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_