DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH
WOMEN'S AND CHILDREN'S HEALTH SECTION
Immunization Materials Request Form

Facility Name	Requested by (please print name)	Provider ID Number
Street Address and PO Box Number	City, State, Zip (Courier Number required for LHD)	Date

*****State the number needed by sheets or forms, not by the pack.*****

Amount	Forms
	DHHS 4041 Vaccine Administration Record
	DHHS 1422 Materials Request Form
	DHHS 1065 Lifetime Immunization Card
	DHHS 4040 Adult Vaccination Record (wallet size)
	DHHS 1227 Vaccine Requisition Form
	DHHS 3974 Wasted/Expired Vaccine Report
	DHHS 3987 Medical Exemption Statement
	DHHS 3995 Physicians Medical Exemption
	Vaccines Administered Log (VAL 120)
	Refrigerator/Freezer Temperature Logs
	DHHS 4057 Adult Vaccine Administration Record

Amount	Disease Investigation/Surveillance Forms
	DHHS 2363 Rubella Case Investigation
	DHHS 3022 Pertussis Case Investigation
	DHHS 3528 Measles Case Investigation
	DHHS 3976 Mumps Case Investigation
	DHHS 3784 Hep B Carrier Surveillance
	DHHS 4005 Perinatal Hep B Prevention Report Pt. 1
	DHHS 4006 Perinatal Hep B Prevention Part II (Contact Follow Up)

Amount	Miscellaneous
	Immunization Schedule Postcards (English/Spanish)
	Stop the Cycle stickers (IB)
	Clinic Refrigerator Vaccine Warning Sticker
	Reminder Post Cards - English (IB)
	Reminder Post Cards - Spanish (IB)
	Return Mailing Label for Wasted/Expired Vaccine
	NCIR Chart Stickers

Amount	Pamphlets and Brochures
	Childhood Immunizations Questions and Answers - English
	Childhood Immunizations Questions and Answers - Spanish
	Stop the Cycle of Hepatitis B from Mother to Baby
	Hallmark Greeting Card (*local health dept. only*)
	NC Immunization Rules/Laws Booklet (IB)
	Stay Healthy & Active Flu & Pneumonia
	Stay Healthy & Active: Adult Immunizations Q & A (Eng)
	Stay Healthy & Active: Adult Immunizations Q & A (Span)
	Standards for Pediatric Practice
	Vaccine Storage and Handling Information
	DTaP 4 Brochure
	Vaccine Adverse Event Reporting System/ Vaccine Injury Compensation Program Q & A

Amount	Posters
	Immunizations Anotomic Site (11 x 17)
	Stay Healthy & Active Flu & Pneumonia (11 x 17)
	DTaP 4 Poster
	Shingles
	Guidelines for Health Care Providers/Local Health Dept in Treating HBsAg Women and Their Infants (red)
	Hospital Prevention Protocols for HBsAg Screening on Labor and Delivery Units and Hep B Immunization In Newborn Nurseries (green)

(CDC) Created by the Centers for Disease Control
(LHD) For Local Health Department Use Only
(PP) For Private Provider Use Only
(IB) Immunization Branch

Purpose: To request immunization forms, guidelines and educational materials

Preparation:
1 Complete original and retain one copy for the requesting agency.
2 Send original to: Immunization Branch
1917 Mail Service Center
Raleigh, North Carolina 27699-1917
PHONE (877) 873-6247 FAX (800) 544-3058

Disposition: The immunization materials requester may destroy his/her copy upon receipt of the materials.
Additional forms may be ordered through the above address or telephone number

O/S Out of Stock

DHHS 1422 (Revised 9/08)
Immunization (Review 9/10)