



**Arizona Department of Health Services**  
**150 North 18th Ave, Ste. 120**  
**Phoenix, AZ 85007 – 3233**  
**For ALL FORMS and VFC ITEMS:**

Phone: 602-364-3630      Fax: 602-364-3285

Email: [arizonavfc@azdhs.gov](mailto:arizonavfc@azdhs.gov)

## IMMUNIZATION FORMS ORDER REQUEST

\*Please print current Vaccine Information Statements at  
[www.cdc.gov/vaccines/hcp/vis](http://www.cdc.gov/vaccines/hcp/vis)

# of Requested Packs	FORMS		
	Lifetime Immunization Record Card	LIRC 3000 Rev. 1/17	50/pk
	Adolescent /Adult Immunization Record	6-Imm-024 Rev. 11/07	100/pk
	Child/Adolescent Immunization Administration Record - Blue	AIR111-1 Rev. 5/15	100/pk
	Adult Immunization Administration Record - Yellow	AIR111-2 Rev. 5/15	100/pk
	Influenza Administration Record – Dark Pink	AIR111-3 Rev. 5/15	100/pk
	Arizona School Immunization Record (schools only)	ASIR 109R Rev. 9/14	100/pk
EA	It's The Law – Admissions Poster (max 100)	6-Imm-018 Rev. 9/14	EA
# of Requested Packs/Rolls	ITEMS		
	Large VFC Red Caution Refrigerator Magnet	6-IMM-013	5/pk
	"Do Not Unplug" Signs - English	6-IMM-012	5/pk
	"Do Not Unplug" Signs - Spanish	6-IMM-012S	5/pk
	VFC Stickers for Vaccines	6-IMM-034	100/roll
	Warning Power Circuit Label	6-IMM-037	5/pk
	Small Keep Refrigerated/Deep Freeze Temperature Magnet	6-IMM -010	5/pk
*****PLEASE COMPLETE*****			
Facility Name:		Pin # (if VFC):	Date:
Shipping Address: (No P.O. Boxes)		Contact Name:	
City:	State: Arizona	Zip:	
Phone:	Email Address:		