

Arizona VFC Patient Immunization Log

Practice Name:			Address:																PIN:																		
Area Code & Phone Number:		Area Code & Fax Number:											Sanofi Fluzone		GSK		Medimmune Flumist 2-18 yrs																				
VFC Contact Name:			0.25 ml		0.5 ml		0.5 ml		5.0 ml		5.0 ml FluLaval	0.5 ml Fluarix																									
Date log begins:		Date log ends:	VFC Eligibility Code*						DTaP	DTaP Hep B Ipv	DTaP IPV Hib	Hib	HIBMENGY	Hep A	Hep B	HPV		e-IPV	M M R	M M R V	MCV	Meningococcal Group B	PPV 23	PCV 13	Rotavirus	TD	Tdap	Varicella	single dose syringe	single dose vial	single dose syringe	multi dose vial	multi dose vial	single dose syringe			
			1	2	3	4	5	6																					6-35 m	3- 18yrs	3- 18yrs	6m- 18yrs	3- 18yrs	3- 18yrs			
NAME (optional)		DOB	Age	Quadrivalent Influenza																																	
1																																					
2																																					
3																																					
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* 1 - Private Insurance (NOT VFC ELIGIBLE) * VFC ELIGIBLE CODES = 2 - AHCCCS, 3 - Un - insured (self pays), 4 - American Indian/Alaska Native, 5 - Under insured (Deputized Providers Only), 6 - KidsCare Revised 10-07-2015

*****Please do not fax or mail patient logs to VFC. Keep for your records only*****