

## 2009 H1N1 Influenza Vaccine Requisition

Escambia County Health Department

Doses Req	For ECHD Use Only	Vaccine Presentation	Issued	Lot Number (to be completed by ECHD)
		Flu Mist (2 – 49 year olds)		
		Sanofi Multi-dose (6 months +)		
		Sanofi 0.5 Single dose (3 years +)		
		Sanofi 0.25 Single dose (6 mos – 35 mos)		
		Novartis 0.5 Single dose (4 years +)		
		Novartis Multi-dose (4 years +)		
		CSL 0.5 Single dose (3 years +)		
		CSL Multi-dose (6 months +)		

Fax this form when completed to 595-6408.

\*\* Vaccine formulation is not guaranteed. You agree to accept available formulation for the appropriate age group.

Organization Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

**Do you plan to document/report all 2009 H1N1 vaccine doses by recipient in the Florida SHOTS system?**

YES                       NO

**If NO, then you are asked to complete the Weekly Aggregate Doses Administered report and return it to the ECHD by close of business each week using Fax # 595-6764. This report form can be found at [www.escambiahealth.com](http://www.escambiahealth.com) under the H1N1 button in the provider section. Questions, call 595-6640.**