



Hepatitis A Vaccine Requisition Form

Applicant Information

Health Dept./Agency: _____ Date: _____

Contact Name: _____
Last *First*

County: _____

Contact Number: _____

Shipping Address: _____
Street, City, State, Zip code

Vaccine Purpose (check all that apply):

- To vaccinate contact(s) of case(s) of statewide hepatitis A outbreak
- To vaccinate high-risk* individuals
- Planned vaccination clinic: (Date/Location): _____
- Other (please describe): _____

Additional Comments:

Signature

Date

**Homeless, transient, unstable home; Incarcerated in the last 6 weeks; Current illicit drug user; Persons in close contact with high risk individuals.*

Vaccine Request Information

Current Inventory of State-Funded vaccine: _____ Date: _____

Number of doses requested: _____ Date needed by: _____

FAX completed form to the Division of Infectious Disease Epidemiology (DIDE) at 304-558-8736.

For additional questions about Hepatitis A, please contact the Epidemiologist On-Call at 304-558-5358.

State Use Only

Reviewed by: _____

Vaccine Request: Approved Number of doses: _____ Declined

Date Vaccine Shipped: _____ Shipping Confirmation: _____