Hepatitis A Vaccine Requisition Form

Applicant Information

Health Dept./Agency: ___________________________________________ Date: ____________________

Contact Name: ____________________________________________

County: ________________________________________________

Contact Number: __________________________________________

Shipping Address: __________________________________________

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: __________________