Alabama Department of Public Health
Immunization Forms Requisition for Private Physicians

Name of Clinic  _____________________________________________
Physician Name  _____________________________________________
Shipping Address  _____________________________________________

Mailing Address  _____________________________________________
(If different from shipping address)

Telephone: (       )_______________     Contact Person: _________________

Type of Practice: ________________________

Participant in the Vaccines for Children Program (circle)  Yes  No

Packages of 100. Specify number of packages needed.

   Certificate of Immunization (IMM-50) (limit 20 packages per month)
   Certificate of Immunization for Computers (IMM-50W) (limit 20 packages per month)
   Immunization Record Card (IMM-105) (Plastic covers no longer available)
   VFC Patient Eligibility Screening Form (IMM-503)
   VFC Vaccine Identification Stickers
   Immunization Reminder Postcard (IMM-201) (For Reminder/recall system refills only)
   Monthly Temperature Range Chart (Fahrenheit) (1 dozen)
   Monthly Temperature Range Chart (Celsius) (1 dozen)

PLEASE ALLOW 2-4 WEEKS FOR DELIVERY

Mail To:
Alabama Department of Public Health
Immunization Division, Suite 1460
PO Box 303017
Montgomery, Alabama 36130-3017
FAX: 334-288-5653 or 1-800-706-8507
Access available on website: www.adph.org/Immunization through Vaccine for Children form orders

Revised 10/07