

IMMUNIZATION MATERIAL ORDER FORM

CHILDCARE AND SCHOOL

	MAXIMUM	QTY REQUESTED
CDPH-286 California Immunization Record (Blue Card)	200	
IMM-101ST T-dap (Pertussis Booster) Requirement Stickers and Instructions	100	
IZ-0723 Community Clinic Lists	1 Master	

PROVIDER AND CLINIC

CLINIC/PHYSICIAN MATERIAL

	MAXIMUM	QTY REQUESTED
IMM-662 ACIP Child Immunization Schedule	5	
IMM-746 ACIP Adult Immunization Schedule	5	

MEDICAL CHART MATERIALS

IMM-75 California Immunization Record (CIR) Yellow Card	250	
IMM-395 Immunization Timing 2024 Schedule	5	
IMM-542P Immunization Chart Record - Pediatric	200	
IMM-542A Immunization Chart Record - Adult	200	

VACCINE HANDLING MATERIALS

IMM-744 Warning - Do Not Unplug Refrigerator Sticker Bilingual	5	
IMM-1114 State General Fund Vaccine Stickers	1 roll (500)	
IMM-1121 Fund 317 Vaccine Stickers	1 roll (500)	
IMM-1125 Refrigerator Temperature Log (Fahrenheit)	1	
IMM-1126 Freezer Temperature Log (Fahrenheit)	1	
IMM-1127 Refrigerator Temperature Log (Celsius)	1	
IMM-1128 Freezer Temperature Log (Celsius)	1	

This form is for people who live or work in Santa Clara County. For those who are outside of Santa Clara County and are interested in ordering materials, contact your local health department.

Fax or email order form to the Immunization Program
 Fax: (408) 947-8752
sccvaccinate@phd.sccgov.org

Name: _____
 Facility Name: _____
 Street Address: _____
 City and Zip Code: _____
 Phone: _____