

**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](http://www.adph.org/immunization) through Vaccine for Children form orders