IDAHO VACCINES FOR CHILDREN (VFC)

VACCINE BRAND CHOICE

Please complete the form below. The vaccine brands chosen by your facility will be in place for a six month timeframe. At the end of six months, if your office would like to make changes to the vaccine brands supplies, please complete a new form. Submit the completed form to the Idaho Immunization Program by fax (208) 334-4914, email IIP@dhw.idaho.gov, or mail – 450 W State St 4th fl, Boise ID 83702

Facility: **Pin:**

Completed By: **Date Completed:**

Brand Choice: July 1, 2011 **through** December 31, 2011

COMBINATION VACCINE

- ☐ Pediarix® (DTaP-Hep B-IPV)
- ☐ Pentacel® (DTaP-IPV-Hib)

DTAP *(Diphtheria, tetanus, acellular pertussis)*

- ☐ DAPTACEL®
- ☐ Infanrix®

HEP A *(Hepatitis A)*

- ☐ Harvix®
- ☐ VAQTA®

HEP B *(Hepatitis B)*

- ☐ Engerix B®
- ☐ RecombivaxHB®

HIB *(Haemophilus influenza* type b*)*

- ☐ ActHIB®
- ☐ PedvaxHIB®

HPV *(Humanpapilloma-virus)*

- ☐ Cervarix®
- ☐ Gardasil®

MCV4 *(Meningococcal conjugate)*

- ☐ Menactra®
- ☐ Menveo®

ROTA *(Rotavirus)*

- ☐ Rotarix®
- ☐ RotaTeq®

TDAP *(Tetanus Toxiod, Reduced Diphtheria Toxoid and Acellular Pertussis)*

- ☐ Adacel®
- ☐ Boostrix®