



## 2019 PROVIDER VACCINE BRAND CHOICE

FACILITY INFORMATION		
Facility Name:	VFC Pin#:	
Brand Choice:	July 1, 2019 through December 31, 2019 or date of enrollment (unless a change is not requested)	
COMBINATION VACCINE (select only one)		
<input type="checkbox"/> Pediarix® (DTaP-Hep B-IPV)	<input type="checkbox"/> Pentacel® (DTaP-IPV-Hib)	
DTAP (diphtheria, tetanus, acellular pertussis)		
<input type="checkbox"/> DAPTACEL®	<input type="checkbox"/> Infanrix®	
DTAP-IPV (diphtheria, tetanus, acellular pertussis, polio)		
<input type="checkbox"/> Kinrix®	<input type="checkbox"/> Quadracel™	
Hep A (hepatitis A)		
<input type="checkbox"/> Havrix®	<input type="checkbox"/> VAQTA®	
Hep B (hepatitis B)		
<input type="checkbox"/> Engerix B®	<input type="checkbox"/> RecombivaxHB®	
HIB (haemophilus influenza type b)		
<input type="checkbox"/> ActHIB®	<input type="checkbox"/> Hiberix®	<input type="checkbox"/> PedvaxHIB®
MCV4 (meningococcal conjugate)		
<input type="checkbox"/> Menactra®	<input type="checkbox"/> Menveo®	
Men B (meningococcal group b)		
<input type="checkbox"/> Bexsero®	<input type="checkbox"/> Trumenba®	<input type="checkbox"/> None
ROTA (Rotavirus)		
<input type="checkbox"/> Rotarix®	<input type="checkbox"/> RotaTeq®	
TDAP (tetanus toxoid, reduced diphtheria toxoid and acellular pertussis)		
<input type="checkbox"/> Adacel®	<input type="checkbox"/> Boostrix®	
COMPLETED AND SUBMITTED BY		
Name (please print):	Title:	
Signature:	Date:	



IDAHO DEPARTMENT OF HEALTH & WELFARE  
DIVISION OF PUBLIC HEALTH

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