IDAHO IMMUNIZATION PROGRAM

2020 PROVIDER VACCINE BRAND CHOICE

FACILITY INFORMATION			
Facility Name:			**VFC Pin#:**
Brand Choice:	July 1, 2020 or date of enrollment	**through**	December 31, 2020 (unless a change is not requested)

COMBINATION VACCINE (select only one)

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

DTAP *(diphtheria, tetanus, acellular pertussis)*

☐ DAPTACEL® ☐ Infanrix®

DTAP-IPV *(diphtheria, tetanus, acellular pertussis, polio)*

☐ Kinrix® ☐ Quadracel™

Hep A *(hepatitis A)*

☐ Havrix® ☐ VAQTA®

Hep B *(hepatitis B)*

☐ Engerix B® ☐ RecombivaxHB®

HIB *(haemophilus influenza* type b)

☐ ActHIB® ☐ Hiberix® ☐ PedvaxHIB®

MCV4 *(meningococcal conjugate)*

☐ Menactra® ☐ Menveo®

Men B *(meningococcal group b)*

☐ Bexsero® ☐ Trumenba® ☐ None

ROTA *(Rotavirus)*

☐ Rotarix® ☐ RotaTeq®

TDAP *(tetanus toxoid, reduced diphtheria toxoid and acellular pertussis)*

☐ Adacel® ☐ Boostrix®

COMPLETED AND SUBMITTED BY	
Name (please print):	Title:
Signature:	Date: