



Tdap Cocoon Program VACCINE ORDER FORM (VOF) IMMUNIZATION PROGRAM

1. This form **MUST** reach our office on or before the 1st business day of the month. **Late orders will not be processed.**
2. FAX Form to: **(860) 509-8371** or mail to: Department of Public Health; 410 Capitol Avenue - MS# 11MUN; Hartford, CT 06134-0308
3. Please report **STATE-SUPPLIED (cocoon program) Tdap** vaccine only. Vaccines For Children (VFC) vaccine should be ordered on the VFC VOF.
4. **To download additional VOFs go to: www.ct.gov/dph/immunizations**
5. **Questions? Please Call: (860) 509-7929**

Please complete all sections of this order form

	Date of order	PIN (4 digit)
Name of facility	ZIP	
Shipping address	City	
Phone ()	Contact name	

Order Portion

Order Portion	Doses per pack	Doses Ordered	Doses on Hand	Expiration Date(s)	Comments
Tdap VACCINE (Adacel)	10				

Doses Administered Portion

Doses Administered Portion	Doses Used	Births (for birth hospitals only)	Comments
Tdap VACCINE (Adacel)	Number of doses used since last order; enter "0" if none	Approximate number of live births since last order	
Postpartum			
Infant Contacts*			
Hospital health care workers			
Total			