



Tdap Cocoon Program VACCINE ORDER FORM (VOF) IMMUNIZATION PROGRAM

1. FAX Form to: **(860) 509-8371** or mail to: Department of Public Health; 410 Capitol Avenue - MS# 11MUN; Hartford, CT 06134-0308
2. Please report **STATE-SUPPLIED (cocoon program) Tdap** vaccine only. Vaccines For Children (VFC) vaccine should be ordered on the VFC VOF.
3. **To download additional VOFs go to:** <http://www.ct.gov/dph/cwp/view.asp?a=3136&Q=511144&PM=1>
4. **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			

* Refers to the birth mother only

† Infant contacts vaccinated other than the birth mother, who should be counted under the "Postpartum" category.