



**VAFAC OFFICE SUPPLY RE-ORDER FORM**  
**PLEASE FAX OR MAIL YOUR ORDER AS SHOWN BELOW:**

**Mail Orders to: SC DHEC  
 Supply Division  
 2600 Bull Street  
 Columbia, SC 29201**

**FAX TO: (803) 898-3476  
 Telephone: (803) 898-3507**

	Amount Requested	
	English	Spanish
<b>1. VACCINE INFORMATION STATEMENTS (VIS):</b>		
Hepatitis B VIS – (DHEC #1142 – 07/18/07)		
DTaP/DT VIS - (DHEC #1113 – 05/17/07)		
Td/Tdap VIS – (DHEC #1210 – 11/18/08)		
Hib VIS - (DHEC #1141 – 12/16/98)		
Polio VIS - (DHEC #1114 – 01/01/00)		
MMR VIS - (DHEC #1115 – 03/13/08)		
Chickenpox (Varicella) VIS – (DHEC #3424 – 03/13/08)		
Pneumococcal – <i>Polysaccharide</i> VIS – (DHEC #3431 – 04/16/09)		
Pneumococcal – <i>Conjugate</i> VIS - (DHEC #3718 – 12/9/08)		
Hepatitis A VIS – (DHEC #3426 – 03/21/06)		
Meningococcal VIS – (DHEC #3697 – 01/28/08)		
Multi Vaccine – “Your Baby’s First Vaccines” – (DHEC #1165 – 09/18/08)		
Rabies VIS – (DHEC #1119 – 01/12/06)		
(Rota) Rotavirus VIS – (DHEC #1154 – 8/28/08)		
(HPV) Human Papillomavirus VIS (DHEC #1156 – 02/02/07)		
Inactivated Influenza VIS – (DHEC #3425 – Current Year)		
Live, Intranasal Influenza VIS - (DHEC #1120 – Current Year)		
Typhoid VIS – (DHEC #1151 - 05/19/04)		
Yellow Fever VIS (DHEC #1118 - 11/09/04)		
Shingles (Zoster) – (DHEC #1162 - 09/11/06)		
<b>2. Personal Immunization Record (“pink card”) - (DHEC #1128 – 12/00)</b>		
<b>3. Immunization Certificate – (DHEC #1148 – 08/01)        (School, Day Care, Medical Exemption)</b>		
<b>4. Patient Eligibility Form – (DHEC #1146 – 03/01)</b>		
<b>5. Patient Record Information Summary – (DHEC #1103V – 01/2007)</b>		
<b>6. Refrigerator/Freezer Temperature Log – (DHEC #1627 – 03/2007)</b>		