



APPLICATION FOR ADULT VACCINE INITIATIVE

Submit completed applications to DHEC Immunization Division
 Fax: 803-898-0326 or E-mail: immunize@dhec.sc.gov

The Adult Vaccine Initiative provides vaccines to enrolled providers for administration to adults 19 years of age or older who are **UNINSURED** or **UNDERINSURED**. The available vaccines are:

- Hepatitis A & Hepatitis B (HepA-HepB) vaccine: Twinrix® manufactured by GlaxoSmithKline
- Tetanus, Diphtheria and Pertussis (Tdap) vaccine: Boostrix® manufactured by GlaxoSmithKline
- Tetanus, Diphtheria and Pertussis (Tdap) vaccine: Adacel® manufactured by Sanofi Pasteur

DOSES DESIRED

Facility/Provider Name: _____

Senior Prescribing Physician Information	Legal Authority Information
Name of Senior Prescribing Physician _____ Title _____	Only required If the Senior Prescribing Physician cannot serve as the Legal Authority for the facility/provider.
Medical License Number _____	
E-mail Address (required) _____	Name of Legal Authority _____ Title _____
Telephone _____ Fax _____	E-mail Address (required) _____
Telephone _____ Fax _____	Telephone _____ Fax _____

Primary Vaccine Coordinator Information	Back-up Vaccine Coordinator Information
Name of Primary Vaccine Coordinator _____ Title _____	Name of Back-up Vaccine Coordinator _____ Title _____
E-mail Address (required) _____	E-mail Address (required) _____
Telephone _____ Fax _____	Telephone _____ Fax _____

Vaccine Delivery Address Information	Mailing Address Information (if different)
Address (No PO Boxes): _____	Address: _____
City _____ State _____ Zip Code _____ County _____	City _____ State _____ Zip Code _____ County _____

Vaccine Delivery Dates and Times			
Monday	<input type="checkbox"/> No delivery on this day	Morning: _____:_____ to _____:_____	Afternoon: _____:_____ to _____:_____
Tuesday	<input type="checkbox"/> No delivery on this day	Morning: _____:_____ to _____:_____	Afternoon: _____:_____ to _____:_____
Wednesday	<input type="checkbox"/> No delivery on this day	Morning: _____:_____ to _____:_____	Afternoon: _____:_____ to _____:_____
Thursday	<input type="checkbox"/> No delivery on this day	Morning: _____:_____ to _____:_____	Afternoon: _____:_____ to _____:_____
Friday	<input type="checkbox"/> No delivery on this day	Morning: _____:_____ to _____:_____	Afternoon: _____:_____ to _____:_____

Vaccine Storage and Handling Questions
What types of storage unit will be utilized to store vaccine? (Check all applicable) <input type="checkbox"/> Stand alone, single purpose refrigerator <input type="checkbox"/> Refrigerator that has a separate freezer compartment with a separate exterior door <input type="checkbox"/> Stand alone, single purpose freezer <input type="checkbox"/> Dormitory refrigerator
Does your site record storage unit temperatures twice daily? <input type="checkbox"/> Yes <input type="checkbox"/> No
Does your site already have a certified calibrated thermometer with a valid certificate which is traceable to NIST laboratories? <input type="checkbox"/> Yes <input type="checkbox"/> No

COMPLETED BY	
Name of Person Completing Form _____	Title _____
E-mail Address (required) _____	
Telephone _____	Fax _____

DHEC USE ONLY	
Date Received _____	Initials _____
Current VFC: <input type="checkbox"/> Yes <input type="checkbox"/> No	PIN Assigned _____
Date Documents Sent _____	Initials _____

SOUTH CAROLINA DEPARTMENT OF HEALTH AND ENVIRONMENTAL CONTROL

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Instructions for Completing

Purpose:

The purpose of the Application for Adult Vaccine Initiative is to obtain information from providers interested in enrolling in the Adult Vaccine Initiative.

Item-By-Item Instructions:

1. Provider will select appropriate vaccines and enter doses desired.
2. Provider will enter Facility/Provider Name.
3. Provider will complete the following information sections:
 - a. Senior Prescribing Physician Information – Name, title, medical license number, e-mail, telephone and fax
 - b. Legal Authority Information – Name, title, e-mail, telephone and fax
 - c. Primary Vaccine Coordinator Information – Name, title, e-mail, telephone and fax
 - d. Back-up Vaccine Coordinator Information – Name, title, e-mail, telephone and fax
 - e. Vaccine Delivery Address Information – Address (no PO boxes), city, state, zip code and county
 - f. Mailing Address Information (if different from Vaccine Delivery Address Information) – Address, city, state, zip code and county
 - g. Vaccine Delivery Dates and Times – By each day of the week, indicate no delivery or the morning and afternoon delivery times
 - h. Vaccine Storage and Handling Questions – Select the appropriate answer for each of the questions
4. Person completing the form will enter contact information.
5. DHEC Immunization Division staff will complete the DHEC USE ONLY section as appropriate.

Office Mechanics and Filing:

1. DHEC Immunization Division and the provider must maintain a copy of the submitted Application for Adult Vaccine Initiative for three (3) years.