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| **DPH/IMMUNIZATION PROGRAM** | | **SEND TO:**  Georgia Immunization Program  2 Peachtree Street, NW, 13-276  Atlanta, GA 30303  Office: (404) 657-3158  Fax To: (404) 657-1463 | | | |
| ***Please Stamp or Type Requestor Information Below:*** | | | | |
| **Date:** |  | | | |
| **Person Ordering Materials Name:** |  | | | |
| **Office Name:** |  | | | |
| **Office Address:** |  | | | |
| **Office City, State, Zipcode:** |  | | | |
| **Office Phone:** |  | | | |
| **NOTE:** Please order by number of forms needed (**example: 50, 100 etc.**) All current VIS's are on the internet and can be downloaded and printed at Immunization Action Coalition:  *http://www.immunize.org* or CDC website: *http://www.cdc.gov/vaccines/pubs/vis/default.htm* | | | | |
| **DESCRIPTION** | | | **Form Number** | **QYT** |
| **Certificates For School/Child Care Attendance:** | | |  |  |
| Certificate of Immunization | | | 3231 |  |
| Vaccine Requirements For Form 3231 | | | 3231 REQ |  |
| Instructions On How To Complete Form 3231 | | | 3231 INS |  |
|  | | |  |  |
|  | | |  |  |
| **Parent & Client Education:** | | |  |  |
| Give ‘Em Your Best Shot (GA. Requirement For School/Child  Care) (Infant & Child) (***English***) | | | 3193 |  |
| Hay que Vacunarlos (GA. Requirement For School/Child Care)  (Infant & Child) (***Spanish***) | | | 3194 |  |
| Be There For Your Child During Shots (***English & Spanish***) | | | 3227 |  |
| Hop to It! (Infant, Child and Adolescent) (***English***) | | | 3116 |  |
| Hop to It! (Infant, Child and Adolescent) (***Spanish***) | | | 3116-S |  |
| Word to the Wise: Immunize (Adult) (***English***) | | | 3110 |  |
| Word to the Wise: Immunize (Adult) (***Spanish***) | | | 3110-S |  |
| After the Shots (Infant & Child) (***English***) | | | 3199 |  |
| After the Shots (Infant & Child) (***Spanish***) | | | 3196 |  |
| GRITS (Keeping Georgians Healthy) (***English***) | | | 25-IMM-005 |  |
|  | | |  |  |
| **Records, Reports & Request Forms:** | | |  |  |
| Request for Immunization Forms | | | 3184 |  |
| Vaccine Adverse Event Reporting System | | | 3034 |  |
| Personal Immunization Record (***English***) | | | 3187 |  |
| Georgia Vaccine Administration Record (***for charts***) | | | 25-IMM-002 |  |
| Refusal to Vaccinate Form (***English & Spanish***) | | | 25-IMM-012 |  |
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Form 3184 (*Rev. 09/14/15*)