Department of Public Health
REQUEST FOR IMMUNIZATION FORMS

_____
(DATE OF REQUEST)

Please Stamp Or Type Requestor Information Below:

Person Ordering Name:
Office Name:
Office Address:
Office City, State, ZipCode:
Office Telephone #:
Office County Name:
Email Address:

SEND TO:
Georgia Immunization Office
2 Peachtree Street, NW, 13-276
Atlanta, GA 30303
(404) 657-3158 Or Fax To: (404) 657-1463

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 Immuzation Action Coalition:
http://www.immunize.org or CDC website: http://www.cdc.gov/vaccines/pubs/vis/default.htm

QTY	FORM NO.	DESCRIPTION
		Certificates For School/Child Care Attendance
	3231	Certificate of Immunization
	3231REQ	Vaccine Requirements For Form 3231
	3231 INS	Instructions On How To Complete Form 3231
		Parent & Client Education
	3193	Give 'Em Your Best Shot (GA. Requirement For School/Child Care) (Infant & Child) (English)
	3194	Hay que Vacunarlos (GA. Requirement For School/Child Care) (Infant & Child) (Spanish)
	3227	Be There For Your Child During Shots (English & Spanish)
	3116	Hop to It! (Infant, Child and Adolescent) (English)
	Number Pending	Hop to It! (Infant, Child and Adolescent) (Spanish)
	3110	Word to the Wise: Immunize (Adult) (English)
	3199	After the Shots (Infant & Child) (English)
	3196	After the Shots (Infant & Child) (Spanish)
	25-IMM-005-E	GRITS (Keeping Georgians Healthy) (English)
		Records, Reports & Request Forms
	3184	Request for Immunization Forms
	3185	Temperature Log
	3034	Vaccine Adverse Event Reporting System
	3187	Personal Immunization Record (English)
	25-IMM-002-E	Georgia Vaccine Administration Record (for charts)
	25-IMM-012-E	Refusal to Vaccinate Form (English & Spanish)