PROVIDER VACCINE SELECTION WORKSHEET (DO NOT FAX TO DOH)

Provider PIN# (used to order state supplied vaccine): _____
Clinic Site Name: _____
Clinic Site Address: _____
Business Telephone: _____ Business Fax#: _____
Business E-mail: _____

Please make note of the brand you prefer. Then log-on to the Washington Immunization Information System (Child Profile) to complete the vaccine choice process. If you need help, contact your local health department for more information.

DTaP Vaccine

- o SANOFI-PASTEUR - DAPTACEL® 5 DOSE
- o GSK - INFANRIX® 5 DOSE

Hepatitis A Vaccine

- o GSK - HAVRIX® 2 DOSE
- o MERCK - VAQTA® 2 DOSE

Hepatitis B Vaccine

- o GSK - ENGERIX B® 3 DOSE
- o MERCK - RECOMBIVAX HB® 3 DOSE

Hib Vaccine

- o SANOFI-PASTEUR - ACTHIB® 4 DOSE (reconstitution required)
- o MERCK- PEDVAXHIB® 3 DOSE

HPV Vaccine

- o GSK- CERVARIX® (BI-VALENT) 3 DOSE (females only)
- o MERCK – GARDASIL 9® (9-VALENT) 3 DOSE (males and females)

Meningococcal Conjugate Vaccine

- o SANOFI-PASTEUR - MENACTRA® 2 DOSE
- o NOVARTIS - MENVEO® 2 DOSE (reconstitution required)

Rotavirus Vaccine

- o MERCK - ROTATEQ® 3 DOSE
- o GSK - ROTARIX® 2 DOSE (reconstitution required)

Tdap Vaccine

- o SANOFI-PASTEUR - ADACEL® 1 DOSE
- o GSK - BOOSTRIX® 1 DOSE

If you have a disability and need this document in a different format, please call 1-800-525-0127 (TDD/TTY 1-800-833-6388).