

**Santa Clara County**  
**Public Health Immunization Program**  
**614 Tully Road, San Jose, CA 95111**  
**Phone: (408) 494-1551 \* Fax: (408) 494-7495**



## CHILDCARE AND SCHOOL IMMUNIZATION MATERIALS ORDER FORM

Item Name: (All Items are free)		Maximum	Quantity Requested	Quantity Shipped
<b>CHILDCARE FACILITY/SCHOOL MATERIALS:</b>				
IMM-101	California School Immunization Record (CSIR)-Blue Card	200		
IMM 528	Windows for School Immunizations (Lavender Template)	5		
IMM-408	Windows for Immunizations (Pink Template-Childcare only)	5		
IMM-365	California Immunization Handbook	1		
	Q&A New Childcare and School Varicella Requirement	1 Master		
IMM-101ST	Tdap (Pertussis Booster) Requirement Stickers			
PM 286 S	Tdap (Pertussis Booster) Requirement Sticker Instructions for School Staff	1 Master		
IMM-101	Tdap Personal Belief Exemption Form	1 Master		
IMM-1038	Tdap Personal Belief Exemption Form Instruction for School Staff	1 Master		
	IZ Assessment Results (Child Care, K and 7 <sup>th</sup> Graders)	1 Master		
	2-Dose Hepatitis B series (11-15 yr. Olds) flyer	1 Master		
	4-Day Grace Period Summary	1 Master		
	Various Vaccine Names & Abbreviations	1 Master		
IMM-1035	New Rule Shots Before School	1 Master		
IMM-783	Health Alert: Coughing spreads germs static cling (E/S)	5		
IMM-789	Germ-Free Zone static cling (E/S)	5		
IMM-791	Keep Our School Healthy flyer	5		
IMM-819	Wash Your Hands Cling-on (multi-language)	5		
<b>PARENT/STUDENT EDUCATION MATERIALS:</b>				
	Immunization Fact Sheet for Parents	1 Master		
	Summary of Childcare, K and 7 <sup>th</sup> Grade Entry Requirements	1 Master		
	Pediatric Immunization Services Referral Flier	1 Master		
IMM-234	Parents, protect your little one with baby shots. (Specify #E/S)	100		

**Fax your order form to the Immunization Program @ Fax # (408) 494-7495**

Please allow 3-4 weeks for delivery

**SHIP TO:**

**Name:** \_\_\_\_\_ **Name of School:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **City and Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

<b>For Immunization Program Use Only</b>	
Received/Packed by (initials) _____	Date _____
Rev. 2/8/11	



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<b>PARENT/STUDENT EDUCATION MATERIALS (CONTINUED):</b>				
IMM-260	"Shots" for Adults – Boomer or Older? (Specify #E/S)	25		
IMM-454	What if You Don't Immunize Your Child? (Specify #E/S)	50		
IMM 688	Off to College – Meningococcal disease flyer	100		
	Immunizations for College & University Students	1 Master		
<b>EDUCATIONAL VIDEO:</b>				
IMM-657	Case of the Missing Shots/Immunization Day (teens)	1 Master		

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