



Tdap Cocoon Program VACCINE ORDER FORM (VOF) IMMUNIZATION PROGRAM

1. FAX Form: (860) 509-8371; or email: DPH.IMMUNIZATIONS@ct.gov; or mail: Department of Public Health; 410 Capitol Avenue - MS# 11MUN; Hartford, CT 06134-0308.
2. This Vaccine Order Form (VOF) is for **STATE-SUPPLIED (cocoon program) Tdap** vaccine only. Vaccines for children under age 19 should be ordered through the Connecticut Vaccine Program (CVP) Program on the CVP VOF.
3. To download additional VOFs go to: www.ct.gov/dph/immunizations and click on the “Tdap Cocoon Program” icon.
4. Questions? Please Call: (860) 509-7929

Please complete all sections of this order form	Date of Order	PIN (4 digit)
Name of Facility	ZIP	
Shipping Address	City	
Phone	Contact Name	

Order Portion	Doses per pack	Doses Ordered	Doses on Hand	Expiration Date(s)	Comments
Tdap VACCINE (Boostrix)	10				

Doses Administered Portion	Doses Used	Births (for birth hospitals only)	Comments
Tdap VACCINE (Boostrix)	Number of doses used since last order; enter “0” if none	Approximate number of live births since last order	
Postpartum*			
Pregnant			
Infant Contacts†			
Hospital Health Care Workers			
Total			

* Refers to the birth mother only

† Infant contacts vaccinated other than the birth mother, who should be counted under the “Postpartum” category.