

West Virginia Department of Health and Human Resources Hepatitis A Vaccine Requisition Form

		Applicant Infor	mation	
Local Health				
Dept./Agency:			Date:	
Contact Name:				
		Last	First	
Contact Email:				
County:				
Contact Number:				
Shipping Address:				
·	Street, Cit	ty, State, Zip Code		
Vaccine Purpose (ch	eck all that apply):			
☐ To vaccinate con	tact(s) of case(s) of s	statewide Hepatitis A o	utbreak	
☐ To vaccinate high	n-risk* individuals			
Planned vaccinat	ion clinic (date/loca	tion):		
		Signature		Date
*Homeless, transied contact with high-r	nt, unstable home; i	•	st 6 weeks; current illicit drug u	
		Vaccine Request In	formation	
Current inventory of	state-funded vaccin	ne:	Date:	
Number of doses requested:			Date needed by:	
			ease Epidemiology (DIDE) at 304 act the Epidemiologist on-call at	
		State Use O	nly	
Reviewed by:				
Vaccine request:	Approved	Number of doses:	Declined	
Date vaccine shippe	d:	Shipping co	onfirmation:	