



City and County of San Francisco

## SFDPH Vaccine Request Form

We are trying to save paper! We prefer that you email this request to [immunization@sfdph.org](mailto:immunization@sfdph.org) with the subject line "Vaccine Request". If you are unable to email the request, you may fax it to (415) 554-2579.

<b>Date:</b>			
<b>Health Center:</b>			
<b>Name Of Person Requesting Vaccine:</b>			
<b>Phone Number:</b>		<b>Email:</b>	
Vaccine Requested	Number of Doses	Current inventory	
		Number of Doses	Exp. Date mm/dd/yyyy

Please allow at least 4 business days for the IZ Program to fill this order. If you have an urgent need for this order to be shipped earlier than 4 business days, please complete:

Please have this order ready by (date): \_\_\_\_\_ because \_\_\_\_\_

Please bring a hard sided cooler, ice packs, bubble wrap, and use your backup digital data logger to monitor temperatures while transporting vaccine. Refer to the [SFDPH Vaccine Transport Guide](#) to learn more about best practices for transporting refrigerated vaccine.

Pick up times vary – our program will contact you with pick up times when your vaccine order is ready.