Active Duty Adult Vaccine Order Form

Naval Hospital Camp Pendleton, Preventive Medicine Department
PO Box 555191, Camp Pendleton, CA 92055-5191
Telephone: (760) 725-1270 FAX: (760) 725-0564 Email: cpen.prevmed@med.navy.mil

Unit / Facility Name: _____ ***Use the same name with each order***

Unit / Facility Address (Building Number): _____

Telephone Number: _____ FAX: _____

Person Completing Form: _____ Title: _____ Email Address: _____

Date:

Requested Vaccine Pick Up Date: **Vaccines are not issued on Fridays**

**** Note: All vaccine requests not picked up on the date requested will be cancelled after 5 working days**

☐ Maintenance Doses ☐ Stand Down Date of Stand Down: Date of Vaccine Return:

At least 72 Hours and 14 Days Notice Required for Maintenance and Standown Doses Respectively

Endorsement

To: Preventive Medicine Department, Naval Hospital Camp Pendleton

Via: (1) MSC Surgeon's Office (1st Marine Division / 3rd Marine Air Wing / 1st Marine Logistics Group / MEF HQ Group)

Forwarded recommending: ☐ Approval / ☐ Disapproval **MRRS Validation Performed?**: ☐ Yes / ☐ No

_____ _____

Print Name Signature

(2) I-MEF Preventive Medicine Officer / MILVAX Agency Representative

Forwarded: ☐ Approved / ☐ Disapproved **MRRS Validation Performed?**: ☐ Yes / ☐ No

_____ _____

Print Name Signature

Vaccine	Vaccine Name	Current Inventory	Doses Ordered	Doses Received	Vaccine Lot #	Expiration Date	Unit/Boxes Issued
Anthrax							
Gardasil (HPV)							
HEP A (Adult)							
HEP B (Adult)							
Hep A/B							
Ixiaro (JEV)							
Meningococcal							
MMR							
Pneumococcal							
PPD							
Polio							
Rabies							
Smallpox							
Tdap							
Typhoid							
Varicella							
Yellow Fever							
FLU VACCINE							
Flumist							
PFS Injectable Flu							
MDV Injectable Flu							

Issuer Name & Signature _____ Date issued __/__/__

Receiver's Name and Signature _____ Date received __/__/__