

## FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM VACCINE TRANSFER FORM

**TO PRESERVE VACCINE VIABILITY, IT IS VERY IMPORTANT TO MAINTAIN THE "COLD-CHAIN" WHEN TRANSPORTING VACCINES.** Providers must handle, store, and transport vaccines properly. **NOTE:** Do not transfer open vials.

Name of the Person Responsible for Preparing and Transporting the Vaccine(s):

Telephone Number:

PIN Number:

Name of the Provider Receiving the Vaccine(s):

Telephone Number:

PIN Number:

1	2	3		4	5	6
<i>Name of the Vaccine</i>	<i>Record Refrigerator Temperature</i>	<i>Record Cooler Temperatures</i>		<i>Vaccine Expiration Date</i>	<i>Manufacturer Lot Number</i>	<i>Number of Vaccine Doses</i>
		<i>Before Transporting</i>	<i>Upon Arrival</i>			

To avoid vaccines becoming unserviceable, the provider will ensure:

- all vaccines are properly and immediately stored.
- the refrigerator temperature range for storage is acceptable.
- to use the vaccines with the shortest expiration date first.

***I ACKNOWLEDGE RECEIPT OF THE VACCINES LISTED ABOVE. THE VACCINES ARE IN VIABLE CONDITION AND THE COLD-CHAIN HAS NOT BEEN COMPROMISED.***

Signature of Person Receiving the Vaccines: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Person Transferring the Vaccines: \_\_\_\_\_ Date: \_\_\_\_\_

***The person receiving the vaccines will sign and fax a copy of this form to the VFC Program at (850) 245-4734.***