

FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM DISENROLLMENT FORM

For termination of enrollment in the VFC Program, submit this form as a notification of the intent to terminate 30 days prior to the actual dissolution. The provider is responsible for all VFC vaccines doses in inventory. To protect vaccine viability, the VFC provider will maintain vaccines properly stored at required refrigerator/freezer temperatures.

Name of the Physician/Group Practice/Entity:			VFC PIN # (6 digits)
Shipping Address:			Date:
Contact Person:	Telephone Number:	Fax Number:	Effective Date:
Reason for Disenrollment: <input type="checkbox"/> Closing Office <input type="checkbox"/> No longer seeing VFC-eligible children <input type="checkbox"/> Other (specify):			

Vaccine Inventory				
Vaccine Name	Number of Doses	Manufacturer	Lot Number	Expiration Date

Instructions: Complete and fax this form to the VFC Program at (850) 245-4734. A VFC Program representative will contact the provider regarding the disposition of VFC vaccine.

Fax Form to: (850) 245-4734
 Email Form to: FloridaVFC@doh.state.fl.us
 Mail Form to: Florida Vaccines for Children (VFC) Program
 4052 Bald Cypress Way, Bin A-11
 Tallahassee, FL 32399-1719