

**FLORIDA VACCINES FOR CHILDREN (VFC) PROGRAM
SPECIAL VACCINE ORDER FORM
FOR OFF-SITE IMMUNIZATION ACTIVITIES**

PIN Number	
Provider Name	
Shipping Address	
Person Completing this Form	
Telephone Number	
Date and Time of the Activity	
Approximate Number of Children to be Immunized	
Complete and fax this completed form to the VFC Program at (850) 245-4734 prior to the planned immunization activity. Allow 2-3 weeks for processing and delivery of your vaccine order.	

REQUEST FOR ADDITIONAL VACCINE DOSES

Name of the Vaccine	Vaccine Brand Name/Packaging	Number of Doses Requested

1. Maintain vaccines in an insulated cooler during the off-site activity.
2. Document cooler temperatures hourly on the **Cooler Temperature Log Form**.
3. Use a separate **Cooler Temperature Log Form** for each cooler.
4. Transport the minimum vaccine(s) quantity anticipated for the clinic to avoid unnecessary loss of expensive vaccine(s).
5. Discard remaining filled syringes at the end of the activity, document discarded doses in the **Vaccine Return and Waste Form**, the Florida SHOTS registry, and fax a copy with the **Cooler Temperature Log Form** to the VFC Program at (850) 245-4734.
6. If there is evidence of vaccine exposure to temperatures outside the recommended temperature range, contact the vaccine manufacturers and the VFC Program immediately for guidance.

Signature of person responsible for the vaccine(s): _____

Date: _____

Florida Vaccines for Children (VFC) Program
Fax Number: (850) 245-4734
Telephone Number: (800) 483-2543