



VFC Storage Agreement

PIN# _____

Providers who wish to receive Vaccines for Children vaccine must agree to provide the appropriate storage units as well as adhere to the Immunization Program's handling requirements. Failure to comply may result in a suspension of vaccine provided.

Please indicate the type of storage unit available in your practice.

- Stand alone refrigerator
Stand alone freezer
Dormitory style refrigerator / freezer
Combined refrigerator / freezer with a separate sealed freezer compartment
Combined refrigerator / freezer without a separate sealed freezer compartment

The following are requirements for proper storage of vaccine:

- Refrigerator temperatures are to be recorded twice a day.
Refrigerator temperatures are to be maintained at 35° to 46°F (2° - 8°C).
Temperature logs are to be submitted monthly to the Immunization Program.
MMR, Varicella (Varivax) and MMRV (ProQuad) are light sensitive and must be kept in its original closed carton until ready for use.
Varicella and MMRV require special storage and handling:
- Varicella and MMRV must be stored at 5°F (-15°C) or lower.
- Providers who wish to receive Varicella / MMRV must have someone present in the office through regular business hours five days per week.
The Program requires a complete street address, as post office boxes will not be acceptable for delivery purposes.

Provider Name: _____
Street Address: _____
City, State, Zip: _____
Phone Number: _____

We look forward to providing you with vaccine as soon as you have completed this form and returned it to:

Immunization Program
350 Capitol St., Rm. 125
Charleston, WV 25301

If you have any questions please call (800) 642-3634.

I hereby agree to adhere to the above stated requirements to properly maintain adequate storage and handling of all vaccines provided through the Vaccines for Children Program.

Physician's Signature: _____ Date: _____