VACCINES FOR CHILDREN (VFC) PROGRAM DIS-ENROLLMENT FORM

PRINT OR TYPE

PIN (6-Digit)	
County	

Name of Physician's Office, Practice, Clinic, etc.	Date	
Address (Number and Street)	City	Zip Code
Contact Person	Telephone ( )	FAX ( )
Reason For Dis-enrollment ☐Closing Office ☐No longer seeing VFC-eligible children ☐Other (Specify)_____	Effective Date	

Vaccines (Specify Type [e.g., DTaP, etc.])	Number of Doses (VFC Only) Used Since Last Order. Enter "0" if None	Vaccine Inventory				Disposition
		Number of Doses (VFC Only) On-Hand	Manufacturer	Lot Number	Expiration Date	Transaction Code (See Below)

Note: You are responsible for all the VFC vaccine you have received. Therefore, you will need to account for any missing doses of VFC vaccine by correcting your vaccine usage or replacing the missing VFC vaccine doses.

TRANSACTION CODES (Enter one of these codes into the column above. Provide additional information as necessary)

CODE	MEANING	ADDITIONAL INFORMATION			NOTES
1	Viable Vaccine Returned to VFC Program	[redacted]			The VFC Program will pickup viable VFC vaccine
2	Viable Vaccine Transferred to Another VFC Provider	Name	PIN	Telephone	You need prior approval of the VFC Program
3	Spoiled Vaccine Returned to VFC Program	Return Spoiled and Expired vaccine to: **McKesson Specialty Distribution Center** **3775 Seaport Blvd** **West Sacramento, CA 95691** **Attn: Randy Mohring**			[redacted]
4	Expired Vaccine Returned to VFC Program				

Instructions: Fax or mail this form to the VFC office **one (1) month before** the date of your dis-enrollment. A VFC Program Representative will contact you regarding the disposition of VFC vaccine.

Fax Form to: 877-FAXX-VFC (877-329-9832)

Mail Form to: Vaccines For Children (VFC) Program
California Department of Public Health, Immunization Branch
850 Marina Bay Parkway, Bldg. P., 2nd Floor.
Richmond, CA 94804

VACCINES for CHILDREN CALIFORNIA VFC