

VFC Agreement

To participate in the Vaccines for Children (VFC) Program and receive federally procured vaccine provided to my facility at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or other health delivery facility of which I am the physician-in-chief or equivalent:

1. I will screen patients and administer VFC Program-purchased vaccine only to a child who is 18 years of age or younger who qualifies under one or more of the following categories:
 - a. Is an American Indian or Alaskan Native;
 - b. Is eligible for California's Child Health and Disability Prevention (CHDP) Program or Medi-Cal Program; or
 - c. Has no health insurance.

Note: Children with private health insurance and Healthy Family subscribers are not eligible for VFC vaccines.

2. I will maintain a record of each VFC-enrolled child's required information on VFC eligibility screening for a period of three (3) years. Release of such records will be bound by the privacy protection of the federal Medicaid law.
3. If requested, I will make such records available to the State or the Department of Public Health (DPH).
4. I will permit visits to my facility by authorized representatives of the State or DHHS to review my compliance with VFC Program requirements including vaccine storage and record-keeping.
5. I will administer VFC vaccines only to children in eligible age cohorts for each vaccine, as set by the Advisory Committee on Immunization Practices (ACIP) in VFC resolutions.
6. I will administer all age-appropriate immunizations to patients in my practice in compliance with the recommended immunization schedule, dosage, and contraindications that are established by the ACIP, unless:
 - a. In my medical judgment, and in accordance with accepted medical practice, I deem such compliance to be medically inappropriate; or
 - b. The particular requirement contradicts the law in my State pertaining to religious and other exemptions.
7. I will make available a current copy of the VIS for review prior to administering vaccines and will provide a written copy or instructions for obtaining an electronic copy. I will document the VIS publication date in accordance with the National Childhood Vaccine Injury Act.
8. I will not impose a charge for the cost of the vaccine.
9. I will not impose a charge for the administration of the vaccine that is higher than the maximum fee established by the State. (The current maximum for the State of California is \$17.55 per dose administered.)
10. I will not deny administration of a federally procured vaccine to a child because the child's parent or guardian or individual of record is unable to pay the administration fee.
11. I will comply with the State's requirements for ordering vaccine as outlined on VFC order forms, etc. (e.g., reporting via the order forms my previous VFC vaccine usage and my current inventory of VFC vaccine, ordering vaccine according to the order frequency category identified for my practice, etc.)
12. I will be financially responsible for the replacement cost of any VFC-provided vaccines that I receive for which I cannot account or that spoil or expire because of negligence.
13. I agree to store and handle VFC-supplied vaccines in accordance with the manufacturer's specifications and only at the facility stipulated in this agreement. I may be required to purchase a new refrigerator or freezer unit if equipment at my practice is deemed inappropriate for vaccine storage or not able to maintain appropriate temperature.
14. I will use the VFC provided Fahrenheit (F°) Temperature Log or Celsius (C°) Temperature Log on all cold storage units that contain vaccines, and retain the "Temp Log" (IMM-682) record each month for a period of thirty six (36) months.
15. I understand the State may terminate this agreement at any time for failure to comply with these requirements or without cause.

Note: I understand that if this agreement is terminated, I must return to the VFC Program all unused (viable and non-viable) VFC vaccine. I also will comply with the VFC Program's procedures for return of the vaccine.

To agree to these federal requirements, type your name, your medical license number, today's date, and sign in the boxes below.

Chief Physician Name (print)

Medical License Number

Date:

Chief Physician (signature)

**VACCINES FOR CHILDREN (VFC) PROGRAM
CERTIFICATION OF CAPACITY TO
STORE VACCINE**

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.		PROVIDER ID NUMBER (PIN)	COUNTY
CONTACT PERSON		TITLE	
ADDRESS (Number and Street—No P.O. Boxes)		CITY	ZIP CODE
TELEPHONE:	FAX:	EMAIL:	

I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with each of VFC's requirements listed below.

1. Comply with Storage and Handling Requirements

All enrolled VFC providers must comply with the July 2009 vaccine storage equipment requirements (<http://www.eziz.org/pages/storageand-handling.html>). New providers must have separate refrigerator only and freezer only units for storage of vaccines. Dormitory refrigerators are not allowed for vaccine storage, even for daily use.

2. Designate a Vaccine Coordinator

Designate one fully trained staff member to be the primary vaccine coordinator and at least one person to be the back-up. Ensure ongoing training.

3. Set up refrigerator and freezer properly

- Keep vaccines 2-3 inches away from walls, floor, and other boxes.
- Group vaccines by type, and clearly label the designated space for each vaccine.
- Place thermometers in the center of both the refrigerator and freezer. Post a temperature log on the door. Post "Do Not Unplug" warning signs on electrical outlets, and circuit breakers.
- Plug in only one unit per outlet.
- Do not store: food in the refrigerator or freezer, vaccine in the doors or drawers.
- If your refrigerator units have deli-crisper and vegetable bin drawers, remove them and fill the space with water bottles in the refrigerator and ice packs in the freezer.

4. Use certified thermometers

Thermometers must be certified in accordance with National Institute of Standards and Technology (NIST). If your thermometer uses batteries, replace them every 6 months.

5. Store vaccines at recommended temperatures

- Freeze MMR, MMRV, and Varicella at 5° F or below.
(Aim for 0° F or lower to keep temperatures from getting too warm).
- Refrigerate all other vaccines at 35° F - 46° F.
(Aim for 40° F to keep temperatures from getting too warm or cold).

6. Check and record refrigerator and freezer temperatures twice a day

Temperatures should be checked first thing in the morning and last thing at the close of business. VFC temperature logs must be used and kept for a period of 3 years. If the temperature is out of range, immediate action must be taken to correct improper vaccine storage condition. Document actions taken on the temperature log and immediately contact the VFC Program. At the end of the day, check to make sure that refrigerator and freezer doors are shut.

7. Keep VFC vaccines separate from privately purchased vaccines

Must be able to clearly distinguish public and private vaccine stock. Vaccines should be labeled either VFC or private for clear identification and ideally kept on different shelves to minimize potential for confusion.

8. Maintain and rotate stock

Rotate vaccine stock by placing short-dated vaccines in front. Call the VFC Office if you have any vaccine that will expire within 3 months. Keep vaccine in original packaging until it's time to use it.

9. Monitor capacity to store vaccines-especially during flu season

Inventory vaccine and ensure that there is enough space in refrigerator and freezer before ordering.

10. Contact the VFC Program immediately if you have storage and handling problems or any problems with VFC Vaccine Shipments.

If you have any problems with your refrigerator or freezer, keep the refrigerator and freezer doors shut and notify the VFC Program. You should have an alternate location identified and emergency plans in place to transport vaccine for extended power outages and freezer or refrigerator malfunctions.

Vaccine shipments received must be immediately received, inspected to verify temperature monitors indicate vaccines have not been exposed to temperatures outside the range, and verify shipment's contents. Any issue with vaccine shipments must be reported immediately to VFC.

To receive VFC Vaccines, you must confirm acknowledgement of this agreement.

You may be held financially responsible for replacing vaccines doses lost due to negligence if you do not comply with the above requirements.

PRINT NAME	
SIGNATURE	DATE

**California Department of Public Health, Immunization Branch
Vaccines for Children (VFC) Program**
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Richmond, CA 94804
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