



VACCINES FOR CHILDREN (VFC) PROGRAM

TEMPORARY CLINIC CLOSURE FORM

INSTRUCTIONS: If your clinic plans on closing temporarily and will not order and administer vaccines to VFC-eligible patients, answer the following questions and submit the completed questionnaire to the VFC Program for review and approval. The VFC program will review the form and notify you of your account's status.

DO NOT USE this form for permanent clinic closures (refer to the [Participation Withdrawal Request Form \(IMM-1244\)](#)).

Practice Information			
Practice Name			PIN
Address			County
City	ZIP	Phone	Fax
Questionnaire			
Reason for the temporary closure			
Timeframe of closure		Start Date:	End Date:
VFC Vaccines in Inventory (please check all that apply):			
<input type="checkbox"/> We have VFC vaccines and plan on transporting them to the following VFC Provider PIN*: <ul style="list-style-type: none"> <input type="checkbox"/> We will refer to our Vaccine Management Plan to transport vaccines to our alternate vaccine storage site. <input type="checkbox"/> We will follow VFC Program guidelines on how to properly transport refrigerated and frozen vaccines. 			
<input type="checkbox"/> We have VFC vaccines and plan on keeping them in our vaccine storage units. <ul style="list-style-type: none"> <input type="checkbox"/> We verified our digital data loggers (DDLs) have sufficient space to store the data recorded during the closure. <input type="checkbox"/> We verified our DDLs have enough power to continuously record temperatures during the closure. 			
<input type="checkbox"/> We do not have VFC vaccines.			
<input type="checkbox"/> Other (please provide further details):			

** If the alternate location plans on administering your VFC vaccines, VFC Transfer Forms must be completed by your PIN and the receiving PIN on [MyVFCvaccines](#) in order to officially transfer the vaccine inventory to and from your clinic. Failure to complete the transfer forms will lead to vaccine accountability issues on future VFC vaccine orders.*

By signing this form, I acknowledge that we will not be ordering or administering VFC vaccines and will take the necessary steps to ensure our current vaccine inventory will be stored properly during the temporary closure. Vaccines spoiled due to negligence may be subject to restitution.		
Provider of Record Name (print):	Provider of Record (signature):	Date:

Complete and email the form to the **CA VFC Program** at VFCfaxes@cdph.ca.gov or fax to **1-877-FAXX-VFC (1-877-329-9832)**

IMPORTANT NOTE: Once your clinic has re-opened, download and review all DDL data and report any temperature excursions to the Storage and Handling Online Triage System (SHOTS) on your [MyVFCvaccines](#) account.

- When reviewing DDL data it is important to check that complete data is available for all dates and times.
- If the DDL data is incomplete, or it did not have enough capacity to record during the period of closure, or if the DDL experienced failures, report this to SHOTS and provide those details when prompted.