Vaccines for Children (VFC) Off-site Clinic Check-list

INSTRUCTIONS: Prior to holding an off-site clinic, contact the ISDH Immunization Division at 1-800-701-0704. In addition, please fax this form to: 317-233-3719. This must be completed ***at least 30 days*** prior to the scheduled event.

ISDH Immunization Policy #12 *Transporting Vaccines and Off-site Clinics* provides detailed instructions that should be reviewed with each provider requesting to offer an off-site clinic.

Provider PIN # _____ Date of Provider Request _____

Contact Person _____ Contact Person Telephone _____

Contact Person Email _____

Location(s)	Date(s) of Clinics *or* Clinic Schedule (if recurring)	Duration of Clinic (Hours)

Vaccines Offered During Scheduled Clinic (check all that apply):

- □ DTaP
- □ Meningococcal conjugate
- □ HPV
- □ Polio
- □ Hepatitis B
- □ Influenza - IIV
- □ MMR
- □ **Varicella**
- □ Hepatitis A
- □ Influenza - LAIV
- □ Tdap
- □ Other: _____

Who will be available to assist with the off-site clinic?

- □ Local health department
- □ Immunization Division Field Representative
- □ Other _____

Storage & Handling Requirements

1. Describe how you will pack and transport vaccines

2. What type of storage unit will be used during the off-site clinic?

- □ Stand-alone refrigerator
- □ Stand-alone freezer
- □ Commercial-grade unit
- □ Pharmacy-grade unit
- □ Household combined refrigerator-freezer unit with separate doors
- □ Fridge-freeze unit

3. How often will you monitor temps and what type of thermometer will be used?

Patient Screening

1. How will you screen patients for VFC eligibility (ask parent, check Medicaid/insurance, etc)?

2. Will you be vaccinating non-VFC eligible children? How will you receive payment for those vaccines?

3. Number of persons needing vaccination

   VFC-eligible _____ Non-VFC eligible _____

Vaccine Management

1. Who will order VFC vaccine doses and when will order placed in VOMS? (please note orders require a minimum of 14 days to be processed)

Vaccination Records

1. When will patients/parents receive a copy of the Vaccine Information Statement (VIS) and immunization screening questionnaire? (Please note ISDH has template consent/screening forms for providers)

2. Who will be responsible for entering the vaccinations into CHIRP? How soon after the clinic will records be entered?

Clinic Evaluation

1. Number of individuals vaccinated?

   VFC-eligible _____ Non-VFC eligible _____

2. Where were unused doses of vaccine transported for permanent storage? _____

For ISDH Use Only

Approved ____ Review Date (month, day, year) _____
Not Approved _____ Reason for Denial _____

Provider follow-up required actions (pending approval)

ISDH Representative: _____