

VACCINES FOR CHILDREN (VFC) PROGRAM DISENROLLMENT 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 Disenrollment: <input type="checkbox"/> Closing Office <input type="checkbox"/> No longer seeing VFC-eligible children <input type="checkbox"/> 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				Disposit Transac Code (See Bel
		Number of Doses (VFC Only) On-Hand	Manufacturer	Lot Number	Expiration Date	

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 required.)

CODE	MEANING	ADDITIONAL INFORMATION			NOTES
1	Viable Vaccine Returned to VFC Program				The VFC Program will pickup viable VFC vacc
2	Viable Vaccine Transferred to Another VFC Provider	Name	PIN	Telephone	You need prior approva the VFC Program
3	Spoiled Vaccine Returned to VFC Program	Return vaccine to: General Injectables and Vaccines (GIV) Route 21-52 Bastian, VA 24314			
4	Expired Vaccine Returned to VFC Program				

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

FAX Form to: Toll Free 877-FAXX-VFC (877-329-9832)
Mail Form to: VFC Program
 State of California, Department of Health Services, Immunization Branch
 2151 Berkeley Way, Room 712, Berkeley, CA 94704