



DELAWARE HEALTH AND SOCIAL SERVICES
 Division of Public Health
 Immunization Program

VACCINE FOR CHILDREN (VFC) PROGRAM TRANSFER FORM

PRACTICE / FACILITY NAME					VFC PIN #	
STREET ADDRESS					CITY	
					STATE	ZIP
					DE	
PERSON COMPLETING THIS FORM			TITLE			
			<input type="checkbox"/> MD <input type="checkbox"/> OD <input type="checkbox"/> NP <input type="checkbox"/> RN/LPN <input type="checkbox"/> MA <input type="checkbox"/> OTHER:			
TELEPHONE		EXTENSION	FAX NUMBER		DATE	
VACCINE NAME	CURRENT INVENTORY OF DOSES	MANUFACTURER	LOT NUMBER	EXPIRE DATE	# OF DOSES ANTICIPATED TO BE TRANSFERRED	
FACILITY VFC VACCINE IS BEING TRANSFERRED TO:						

INSTRUCTIONS: Fax this form to the VFC office. A VFC program representative will contact you regarding the disposition of the VFC vaccine. If you have any questions or concerns, please call us at (800) 282-8672. **FAX FORM TO: (800) 318-0810**