

VFC Vaccine Borrowing Report

Guidance:

VFC-enrolled providers are expected to maintain an adequate inventory of vaccine for both their VFC and non-VFC-eligible patients. VFC vaccine cannot be used as a replacement system for a provider’s privately purchased vaccine inventory. The provider must assure that borrowing VFC vaccine will not prevent a VFC-eligible child from receiving a needed vaccination because VFC vaccine was administered to a non-VFC eligible child. Borrowing would occur only when there is lack of appropriate stock vaccine due to unexpected circumstances such as a delayed vaccine shipment, vaccine spoiled in-transit to provider, or new staff that calculated ordering time incorrectly. The reason cannot be provider planned borrowing from either the private stock or the VFC stock.

Directions for use of this form:

When a provider has borrowed vaccine from one stock to administer to a child who is only eligible to receive vaccine from the other stock, this form must be COMPLETELY FILLED OUT for each borrowing occurrence. **Each vaccine a child receives must be listed on a separate row.** As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock that date must be entered on this form. These borrowing reports must be kept as part of the VFC program records and be made available to the VFC staff during the VFC Site Visit.

Vaccine Borrowed	Patient Name/Patient Identifier/ Insurance status (VFC or private)	DOB	Date Borrowed	Reason no appropriate stock vaccine was available (circle one)	Date vaccine returned to appropriate stock
				1. Private stock order delayed 2. Private stock non-viable on arrival 3. VFC order delayed 4. VFC order non-viable on arrival 5. other (specify)	
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"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable Federal and state law, that VFC vaccine dose borrowing and replacement reported on this form has been accurately reported and conducted in conformance with VFC provisions for such borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form."

Provider Name: _____ Provider Signature: _____ Date: _____