

Vaccine Replacement Worksheet

Directions for use: Complete all sections when replacement restitution or replacement is required. The Vaccine Program requires providers to make restitution for any doses of state-supplied vaccine that have been lost due to the provider's failure to properly receive, store or use vaccines (as outlined in the Guidelines for Compliance, section A-4 and A-7). **Use of state-supplied vaccine for adult patients (patients over 19), outside of the Adult Availability Table, is not allowed.** This worksheet must also be kept as part of the site's records for three years.

Have you contacted the Vaccine Program: YES NO Attached invoice: YES NO

Reason for restitution: _____

| Provider Site: | | | | | Site PIN: | | | | |
|---|--------------------------------|----------|-----------------|-----------------|---|--------------------------------|----------|-----------------|-----------------|
| Replacement Date: | | | | | | | | | |
| Vaccines to be Replaced | | | | | Replacement Vaccine | | | | |
| Funding | Vaccine and NDC | Lot# | Expiration Date | Number of Doses | Funding | Vaccine and NDC | Lot# | Expiration Date | Number of Doses |
| <input checked="" type="checkbox"/> State <input type="checkbox"/> Private | Example: HPV9 00006-4121-02 | Test1234 | 2/20/2026 | 1 | <input type="checkbox"/> State <input checked="" type="checkbox"/> Private | Example: HPV9 00006-4121-02 | Test5678 | 4/8/2027 | 1 |
| <input type="checkbox"/> State <input type="checkbox"/> Private | | | | | <input type="checkbox"/> State <input type="checkbox"/> Private | | | | |
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Massachusetts Department of Public Health | Immunization Division
Vaccine Program
305 South Street, Jamaica Plain, MA 02130
P: 617-983-6828 | E: dph-vaccine-management@massmail.state.ma.us