

Vaccine Replacement Worksheet

Directions for use: Complete all sections when replacement restitution or replacement is required. MDPH 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-5). **Use of state-supplied vaccine for adult patients (patients over 19) is not allowed.** This worksheet must also be kept as part of the site's records for three years.

Have you contacted the Vaccine Management Unit: YES NO Attached invoice: YES NO

Reason for restitution: _____

Provider Site:					Site PIN:				
Replacement Date:									
Administered Vaccine					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	<i>Example:</i> HPV9 00006-4121-02	Test1234	2/20/2021	1	<input type="checkbox"/> State <input checked="" type="checkbox"/> Private	HPV9 00006-4121-02	RPL1234	4/8/2022	1
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