

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	<i>Example:</i> HPV9 00006-4121-02	<i>Test1234</i>	<i>2/20/2026</i>	<i>1</i>	<input type="checkbox"/> State <input checked="" type="checkbox"/> Private	<i>Example:</i> HPV9 00006-4121-02	<i>Test5678</i>	<i>4/8/2027</i>	<i>1</i>
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