

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-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	Test1234	2/20/2021	1	<input type="checkbox"/> State <input checked="" type="checkbox"/> Private	HPV9 00006-4121-02	RPL1234	4/8/2022	1
<input type="checkbox"/> State <input type="checkbox"/> Private					<input type="checkbox"/> State <input type="checkbox"/> Private				
<input type="checkbox"/> State <input type="checkbox"/> Private					<input type="checkbox"/> State <input type="checkbox"/> Private				
<input type="checkbox"/> State <input type="checkbox"/> Private					<input type="checkbox"/> State <input type="checkbox"/> Private				
<input type="checkbox"/> State <input type="checkbox"/> Private					<input type="checkbox"/> State <input type="checkbox"/> Private				
<input type="checkbox"/> State <input type="checkbox"/> Private					<input type="checkbox"/> State <input type="checkbox"/> Private				
<input type="checkbox"/> State <input type="checkbox"/> Private					<input type="checkbox"/> State <input type="checkbox"/> Private				



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