



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF IMMUNIZATION ASSESSMENT AND ASSURANCE
 VACCINES FOR CHILDREN PROGRAM
VACCINE REPLACEMENT

930 Wildwood Drive
 Jefferson City, MO 65109
 800.219.3224 • FAX: 573.526.5220

Vaccine replacement occurs when vaccine is purchased from a private source or taken from private stock for the purpose of replacing Vaccines for Children (VFC) vaccine due to unavailability or negligent waste (as determined by the VFC program). Complete this form when replacing vaccine and fax with the facility's monthly accountability report.

PIN	PROVIDER/CLINIC NAME		
PROVIDER/CLINIC ADDRESS			
VFC PROVIDER CONTACT	PHONE NUMBER	FAX NUMBER	

CHECK ONLY ONE BOX

Replaced from vaccine manufacturer purchase

Replaced from private stock

VACCINE	# OF DOSES	LOT NUMBER	NDC #	MANUFACTURER	EXP DATE
DTaP					
DTaP/HB/IPV (<i>Pediarix</i>)					
DTaP/Hib/IPV (<i>Pentacel</i>)					
DTaP/IPV (<i>Kinrix</i>)					
DT (< 7 years)					
EIPV (<i>IPOL</i>)					
HEP A					
HEP B					
HIB					
HPV					
MCV4					
MMR					
Pneumo-23					
PCV-7 (<i>Prevnar</i>)					
PCV-13 (<i>Prevnar</i>)					
Rotavirus					
Td (Booster)					
Tdap					
Varicella					
Influenza (Pediatric)					

LOCAL PUBLIC HEALTH AGENCY ONLY					
Hep A-Adult					
Hep B-Adult					
Hep A/B (<i>Twinrix</i>)					
MCV4 (<i>Menactra</i>)					
MMR-Adult					
Td-Adult					
Tdap-Adult					
Varicella-Adult					

FORM COMPLETED BY	DATE
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