Vaccine Administration Policy

1. How does the clinic/practice offer immunization services to patients? (Check all that apply)

☐ During well-child visits ☐ Immunization-only appointments

☐ Walk-in immunizations ☐ Dedicated days/times for immunizations

☐ Off-site immunizations

☐ Other(Specify): _____

Proper Storage and Administration of Vaccines and Documentation of Vaccinations

6. Does the clinic/practice have a current copy of the following documents?

	Yes	No
Recommended Childhoood Immunization Schedule	☐	☐
Revised Standards for Child and Adolescent Immunization Practices	☐	☐
Contraindications for Childhood Immunization	☐	☐
Vaccine Management: Recommendations for Handling & Storage of Selected Biologicals	☐	☐

7. Are up-to-date, written vaccination(s) protocols accessible at all locations where vaccines are administered? (If Yes, ask to see a copy)

☐ Yes ☐ No

11. Does the clinic/practice simultaneously administer all vaccines for which the child is eligible?

☐ Yes ☐ No

13. Does the clinic/practice pre-fill syringes?

☐ Yes ☐ No

14. Does the clinic/practice have VAERS forms and know how to report to VAERS?

☐ Yes ☐ No

Implementation of Strategies to Improve Vaccination Coverage

16. How does the clinic/practice remind patients of their next appointment? (Check all that apply)

☐ Mail ☐ Telephone ☐ Verbally at last visit

☐ Written appointment slip given at last visit

☐ Does not remind patients of next appointment

☐ Other(Specify): _____

17. How does the clinic/practice contact their patients who miss their appointments? (Check all that apply)

☐ Mail ☐ Telephone

☐ Does not contact patients who miss their appointments

☐ Other(Specify): _____

19. How frequently does the clinic/practice generate reminder/recall notices (or phone calls) to patients who are due/overdue for a vaccination? (Check all that apply)

- ☐ Quarterly
- ☐ Monthly
- ☐ No regular schedule
- ☐ Weekly
- ☐ Clinic/practice does not distribute recall notices to patients

VFC Program Staff Signature(Optional): _____

Provider Signature(Optional): _____

Date: _____