

**Pennsylvania Department of Health**  
**Division of Immunizations**  
**Room 1026 Health & Welfare Building**  
**625 Forster Street**  
**Harrisburg, PA 17120-0701**

**Interim/Final Status Report of Corrective Actions Following Cold Chain Failure**

Pin # \_\_\_\_\_ Date Cold Chain Failure Discovered \_\_\_\_\_

Name & Address of Provider Site:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Based on compromised vaccines, the number of clients who need revaccinated \_\_\_\_\_

Method used to contact clients: Phone  Letter  Other

*(Attach copy of letter if applicable)*

Number of clients revaccinated \_\_\_\_\_ Number of clients not revaccinated \_\_\_\_\_

*(Do not include patients counted on any previous status reports for this incident)*

Why were clients not revaccinated? Client refusal  Physician refusal  Other

*(Physician Refusal to Revaccinate: DOH must be notified for further actions)*

Number of doses of each vaccine administered to date:

*(Do not include doses counted on any previous status reports for this incident)*

_____ Tdap	_____ Hepatitis A & B	_____ HIB
_____ DTap	_____ Influenza	_____ MMR
_____ Varicella	_____ Pneumococcal	_____ IPV
_____ Rotavirus	_____ Meningococcal	_____ Other (Specify)

Overall progress toward completion of revaccination per physician:

Any further action needed?

\_\_\_\_\_  
Signature of Physician \_\_\_\_\_ Date

Date Cold Chain Failure Resolved \_\_\_\_\_ (To be completed by Division of Immunization)