



Interim/Final Status Report Following Cold Chain Failure

VFC PIN: _____ Date cold chain failure was discovered: _____

Name and address of provider site:

Based on compromised vaccines, the number of patients who need revaccinated: _____

Method used to contact patients: Phone Letter Other
(Attach a copy of the letter if applicable.)

Number of patients revaccinated: _____ Number of patients not revaccinated: _____
(Do not include patients counted on any previous status reports for this incident.)

Why were patients not revaccinated? Patient 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 and B	_____ HIB
_____ DTaP	_____ Influenza	_____ MMR
_____ Varicella	_____ Pneumococcal	_____ IPV
_____ Rotavirus	_____ Meningococcal	_____ Meningococcal B
_____ Other (Specify)		

Overall progress toward completion of revaccination per physician:

Any further action needed?

Signature of Physician: _____ Date: _____