	VFC \	/accine Trans	fer Form	
Facility transferring vaccine		PIN	Phone Nu	ımber
		PIN	Phone Number	
	ng vaccine be sure to co ountability for providers			n needs to be included in
Date	Vaccine Type	Lot Number	# of Doses	Signature of provider receiving vaccine
		_ of		ensures the
vaccine documer	ansferring vaccine nted in the above table een compromised as of _c	has been stored accor	-	ards, and ensures the cold
Signature				
If you have any quat: Phone 208.334.59 Fax 208.334.49 Email IIP@dhw.ic	31 14	sferring of VFC vaccine	please contact the Ida	aho Immunization Program
		Idah Immunizati Prograi	O on n	