



Practice/Clinic name: \_\_\_\_\_

## Vaccine Coordinator Contact Information

Contact the vaccine coordinator or backup every time:

- {a vaccine shipment arrives}
- {the vaccine storage refrigerator or freezer temperature is out-of-range}
- {for any issue that risks the viability of vaccine stock}
- {other}

### Vaccine Coordinator and Backup

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Pager: \_\_\_\_\_

**Include names and phone numbers.**

**Update anytime staff change.**

Every provider enrolled in the state childhood vaccine program is required to have a primary and at least one backup vaccine coordinator. Completing and keeping this template readily available to clinic staff meets this requirement. These coordinators are responsible for overseeing proper accountability, ordering, storage, handling, and management of state-supplied vaccine. See the provider Immunization Coordinator Job Description for additional details.

