

11cf or less household grade unit listed.**Practice Information / Shipping Address**

NAME Shasta CountyHHSAPublic Health Br		PIN 070048	
VACCINE DELIVERY / SHIPPING ADDRESS (NO P.O. BOX) 2650 Breslauer Way		CITY Redding	ZIP 96001
VACCINE DELIVERY ADDRESS, PART 2		COUNTY SHASTA	
EMPLOYER ID NUMBER (EIN) 946000535	NATIONAL PROVIDER IDENTIFIER (NPI) 1588709182	PHONE (530) 229-8463	FAX (530) 225-5074
CHDP PROVIDER? No	MEDI-CAL PROVIDER? Yes	PUBLIC SITE? Yes	WOULD YOU LIKE TO BE FEATURED ON THE VFC ONLINE LOCATOR? Yes
FACILITY TYPE? Public Health Department		'SPECIALTY' OR 'SPECIALTY CLINIC' TYPE?	

DELIVERY DAYS AND TIMES

Monday	Open	From To	Closed/Lunch	From To
Tuesday	Open	From 8AM To 4PM	Closed/Lunch	From 12PM To 1PM
Wednesday	Open	From 8AM To 4PM	Closed/Lunch	From 12PM To 1PM
Thursday	Open	From 9AM To 4PM	Closed/Lunch	From 12PM To 1PM
Friday	Open	From 8AM To 4PM	Closed/Lunch	From 12PM To 1PM

Special Instructions For Delivery (If Any):
Deliver to Christopher Crowe, LVN

Key Practice Staff

Role / Responsibility	Name	Clinic Title	Title	Speciality	License Information	Phone Number	Email
Provider of Record (as indicated in the VFC Provider Agreement)	Deckert, Andrew	Medical Director	MD	Other	NATIONAL PROVIDER ID (NPI) 1765416541 MEDICAL LICENSE NUMBER G57867	5302255591 EXT:	E-MAIL ADDRESS FOR OFFICIAL VFC LETTERS AND MEMOS adeckert@co.shasta.ca.us
Vaccine Coordinator (as indicated in the VFC Provider Agreement)	Crowe, Christopher	Nurse		Other	NATIONAL PROVIDER ID (NPI) MEDICAL LICENSE NUMBER	5302298463 EXT:	E-MAIL ADDRESS FOR OFFICIAL VFC LETTERS AND MEMOS ccrowe@co.shasta.ca.us
Backup Vaccine Coordinator (as indicated in the VFC Provider Agreement)	Reynolds, Linda	Nurse		Other	NATIONAL PROVIDER ID (NPI) MEDICAL LICENSE NUMBER	5302255176 EXT:	E-MAIL ADDRESS FOR OFFICIAL VFC LETTERS AND MEMOS lreynolds@co.shasta.ca.us
Provider of Record Designee (as indicated in	Crowe, Christopher	Nurse		Other	NATIONAL PROVIDER ID (NPI) MEDICAL	5302298463 EXT:	E-MAIL ADDRESS FOR OFFICIAL VFC LETTERS AND MEMOS ccrowe@co.shasta.ca.us

the VFC Provider
Agreement)

LICENSE
NUMBER

Vaccine Storage Units (used to store VFC vaccines)

1) REFRIGERATOR TYPE: Stand-Alone	UNIT TYPE: Backup/Overflow UNIT GRADE: Household	UNIT LOCATION: #1 Basement	BF CA
THERMOMETER TYPE: Data Logger/Continuous Temperature Monitoring Device	CALIBRATION EXPIRATION DATE 07/14/2017	THERMOMETER MODEL 6430	TF 15
2) REFRIGERATOR TYPE: Stand-Alone	UNIT TYPE: Backup/Overflow UNIT GRADE: Household	UNIT LOCATION: #2 Basement	BF CA
THERMOMETER TYPE: Data Logger/Continuous Temperature Monitoring Device	CALIBRATION EXPIRATION DATE 07/14/2017	THERMOMETER MODEL 6430	TF 15
3) REFRIGERATOR TYPE: Stand-Alone	UNIT TYPE: Primary UNIT GRADE: Pharmacy/Laboratory/Biologic Grade	UNIT LOCATION: #3 Iz Room	BF CA
THERMOMETER TYPE: Data Logger/Continuous Temperature Monitoring Device	CALIBRATION EXPIRATION DATE 09/03/2017	THERMOMETER MODEL 6431 A&B	TF 15
4) REFRIGERATOR TYPE: Stand-Alone	UNIT TYPE: Backup/Overflow UNIT GRADE: Household	UNIT LOCATION: VFC Fridge (Backup unit)	BF CA
THERMOMETER TYPE: Data Logger/Continuous Temperature Monitoring Device	CALIBRATION EXPIRATION DATE 07/05/2018	THERMOMETER MODEL 6431	TF 16
5) REFRIGERATOR TYPE: Stand-Alone	UNIT TYPE: Backup/Overflow UNIT GRADE: Household	UNIT LOCATION: #5 Spare Rm	BF CA
THERMOMETER TYPE: Data Logger/Continuous Temperature Monitoring Device	CALIBRATION EXPIRATION DATE 08/11/2018	THERMOMETER MODEL 6430	TF 16
6) FREEZER TYPE: Combination	UNIT TYPE: Primary UNIT GRADE: Pharmacy/Laboratory/Biologic Grade	UNIT LOCATION: #1 IZ rm	BF CA
THERMOMETER TYPE: Data Logger/Continuous Temperature Monitoring Device	CALIBRATION EXPIRATION DATE 09/03/2017	THERMOMETER MODEL 6431	TF 15
7) FREEZER TYPE: Chest Freezer	UNIT TYPE: Backup/Overflow UNIT GRADE: Household	UNIT LOCATION: #2 spare rm	BF CA
THERMOMETER TYPE: Data Logger/Continuous Temperature Monitoring Device	CALIBRATION EXPIRATION DATE 08/11/2018	THERMOMETER MODEL 6430	TF 16
Backup Thermometer			
THERMOMETER TYPE: Data Logger/Continuous Temperature Monitoring Device	CALIBRATION EXPIRATION DATE 05/04/2017	THERMOMETER MODEL 6431	TF 15

Patient Estimates

1. Percentage of patients 0-18 yrs of age in your practice who are VFC-eligible: 59 %

2. ESTIMATED NUMBER OF VFC-ELIGIBLE PATIENTS 0-18 YRS WHO WILL RECEIVE IMMUNIZATIONS IN YOUR PRACTICE DURING THE UPCOMING 12-MONTH PERIOD, BY CATEGORY:

Note: these numbers are calculated based on your VFC vaccine usage history. Update the numbers as necessary based on the number of patients seen during the previous 12-months.

Category	< 1 yr	Ages 1-6 yrs	Ages 7-18 yrs	TOTALS
	Number	Number	Number	
TOTAL VFC Eligible	134	361	402	897

CHDP/Medi-Cal Eligible	30	180	150	360
Uninsured	104	179	252	535
Am. Indian/Alaska Native	0	2	0	2
Underinsured (FQHCs and RHCs only)	0	0	0	0
Non-VFC Eligible	39	227	365	631
ALL CHILDREN	173	588	767	1528

Data Source: CAIR/Registry

I certify that my practice will order and provide all age-appropriate ACIP-recommended vaccines to my VFC-eligible patient populations. Below are the age-appropriate ACIP-recommended vaccines that I will provide based on my patient estimates.

- If I have patients ages 1 year or younger, I will order and provide the following vaccines: DTaP, Hep B, Hib, Influenza, Polio, Pneumococcal Conjugate, Rotavirus,
- If I have patients ages 1-6 years, I will order and provide the following vaccines: DTaP, Hep A, Hep B, Hib, Influenza, Polio, Pneumococcal Conjugate, MMR, Varicella,
- If I have patients ages 7-18 years, I will order and provide the following vaccines: HPV, Influenza, Meningococcal Conjugate, Tdap

Certification of Capacity to Store and Manage Vaccines

I, on behalf of myself and any and all practitioners associated with this medical office, group practice, Health Maintenance Organization (HMO), health department, community/migrant/rural clinic, hospital, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with all VFC Program requirements listed below.

1. Vaccine Management Plan

- Maintain a current and completed **vaccine management plan** (for routine and emergency situations) that includes practice-specific vaccine management guidelines and protocols, names of staff with temperature monitoring responsibilities, and completion dates of required EZIZ lessons for key practice staff.
- Review and update the plan at least once a year, when VFC Program requirements change, and when staff with designated vaccine management responsibilities change.
- Ensure all staff with assigned vaccine management responsibilities review, sign, and date the plan annually and whenever the management plan is updated.

2. Staffing & Training

- Designate an on-site Provider of Record Designee authorized to sign VFC Program documents and assume responsibility for VFC-related matters in the absence of the Provider of Record.
- Designate fully trained on-site Vaccine Coordinator and Backup Vaccine Coordinator as outlined in **Vaccine Coordinator Roles & Responsibilities**.
- Maintain compliance with annual training requirements for the Provider of Record and Designee, Vaccine Coordinator and Backup, and other key practice staff authorized to store and handle vaccines.
- Ensure all staff with temperature monitoring responsibilities are properly trained on temperature monitoring, use of the practice's temperature monitoring devices, and the required actions for out-of-range temperatures.
- Ensure that staff authorized to accept packages are trained to notify the Vaccine Coordinator immediately upon delivery of vaccine shipments.
- Report changes in key practice staff** to the VFC Call Center immediately.

3. Vaccine Storage Units

- Use or purchase refrigerators or freezers that comply with **VFC vaccine storage unit requirements**. Very high volume providers must use pharmacy- or biologic-grade stand-alone or

combination refrigerators. Other providers may use pharmacy- or biologic-grade, commercial-grade stand-alone, and household-grade stand-alone refrigerators and freezers.

- B. Never use any of the following for vaccine storage: household-grade combination refrigerator-freezers, compact household-grade stand-alone refrigerators (with capacity 11 cubic feet or less), dormitory-style or bar-style combined refrigerator/freezers, manual defrost refrigerators, convertible units, or cryogenic (ultra-low) freezers.
- C. Dedicate vaccine refrigerators and freezers to the storage of vaccines only.
- D. Purchase new vaccine refrigerators or freezers if existing storage units do not meet VFC Program requirements, or in the event of storage unit malfunctioning that resulted in spoiled vaccines.

4. Digital Data Loggers (Continuous Temperature Monitoring Devices)

- A. Use or purchase data loggers that comply with **VFC temperature monitoring device requirements** for each vaccine storage unit and at least one backup device; ensure each device has a **valid certificate of calibration**.
- B. Never use these devices for vaccine temperature monitoring: thermometers (e.g., round dial thermometers, fluid-filled and/or min-max bar thermometers, household-use and kitchen thermometers, infrared temperature guns, alcohol or mercury thermometers, and bi-metal stem thermometers); chart recorders; or data loggers with probes that aren't immersed in a vial filled with liquid, loose media, or a solid block of material.
- C. Purchase and use digital data loggers to monitor vaccine storage unit temperatures upon expiration of the certificate of calibration of the current device (primary and backups) but no later than December 1, 2017.
- D. Ensure all data loggers include the following minimum features: a digital display of current, minimum, and maximum temperatures; minimum accuracy of $\pm 1.0^{\circ}\text{F}$ (0.5°C); a buffered temperature probe (the one that comes with the device) immersed in a vial filled with up to 60mL liquid (e.g., glycol, ethanol, glycerin), loose media (e.g., sand, glass beads), or a solid block of material (e.g., Teflon®, aluminum); an out-of-range temperature alarm; logging interval of at least 30 minutes; and memory storage of 4,000 readings or more.
- E. Replace with digital data loggers any primary or backup thermometers deemed no longer accurate within $\pm 1.0^{\circ}\text{F}$ ($\pm 0.5^{\circ}\text{C}$).
- F. Store the backup device's buffered probe in the vaccine storage unit; store the digital display in a cabinet and document its location on the practice's Vaccine Management Plan.
- G. **Calibrate primary and backup devices** annually, or every other year when manufacturers recommend a period longer than two years - ideally by a laboratory with accreditation from an ILAC MRA signatory body.
- H. Ensure certificates of calibration issued by non-accredited laboratories include a **valid certificate of calibration**.
- I. Keep certificates of calibration on file and make them available to VFC Field Representatives upon request.

5. Vaccine Refrigerator & Freezer Configuration

- A. **Prepare vaccine refrigerators and vaccine freezers** in compliance with VFC Program requirements.
- B. Place water bottles in vaccine refrigerators and ice packs in vaccine freezers to stabilize temperatures.
- C. Place buffered probes in the center of the refrigerator and freezer near vaccines.
- D. Place the data logger's digital display outside of the storage unit to allow temperature monitoring without opening the vaccine storage unit door.
- E. Plug the refrigerator and freezer directly into a nearby, dedicated wall outlet that does not have built-in circuit switches and is not controlled by a light switch; never plug the storage unit into extension cords, or power strips or surge protectors with an on/off switch.
- F. Post "Do Not Unplug" signs on the electrical outlets and circuit breakers to prevent interruption of power.
- G. **Set up vaccine refrigerators and vaccine freezers** in compliance with VFC Program requirements.
- H. Designate separate shelf space or breathable mesh baskets for VFC-supplied and privately purchased vaccines.
 - I. Clearly label shelves or baskets to group vaccines by pediatric, adolescent, and adult types.
 - J. Allocate enough space to position vaccines or baskets 2-3 inches away from walls, floor, and other baskets to allow space for air circulation.
- K. Post **VFC temperature logs** on vaccine storage unit doors or in an easily accessible location.

6. Vaccine Orders & Accountability

- A. Account for every dose of VFC-supplied vaccine ordered and received by the provider's practice.
- B. Order routine ACIP-recommended vaccines according to the provider population, category, order frequency, vaccine usage, and on-hand inventory.

- C. Order all vaccines for each order period in accordance with the practice's patient estimates and in sufficient quantities to last until the next order period; individual vaccine orders are not permitted.
- D. Stock one brand and formulation for each vaccine to avoid administration errors.
- E. Keep track of VFC vaccine doses administered since the previous order (including influenza) using the **VFC Daily Usage Log, VFC Flu Usage Log**, an immunization registry, or equivalent electronic or paper form.
- F. Conduct a physical vaccine inventory before ordering routine vaccines to determine current doses on hand.
- G. Report on each vaccine order the quantity of vaccines administered since the previous order and the current on-hand inventory.
- H. Maintain accurate and separate stock records (e.g., purchase invoices) for privately purchased vaccines and make them available upon request.

7. Receiving Vaccine Deliveries

- A. Never reject vaccine shipments.
- B. Receive and unpack vaccines immediately upon delivery.
- C. Inspect vaccines for out-of-range temperatures and shipping times during transport.
- D. Check package contents to ensure brands and quantities match the packing slip and approved VFC order.
- E. Report immediately all shipment issues (e.g., damaged boxes, out-of-range temperatures and shipping times, and incorrect brands and quantities) using the **VFC Vaccine Receiving Log and Checklist**.

8. Vaccine Storage

- A. Always store vaccines within manufacturer recommended ranges.
- B. Store frozen vaccines (MMR, MMRV, and VAR) between -58.0°F and 5.0°F (-50.0°C and -15.0°C).
- C. Store all other vaccines in a refrigerator between 35.0°F and 46.0°F (2.0°C and 8.0°C).
- D. Store vaccines in original packaging and within closed boxes to protect from light and allow for air circulation.
- E. Store VFC-supplied and privately purchased vaccines separately and grouped by vaccine type.
- F. Do not store vaccines in the doors, drawers, or bins.
- G. Place vaccines with the earliest expiration dates toward the front of the storage unit and use first.

9. Temperature Monitoring

- A. Ensure vaccine storage unit temperatures are recorded on **VFC temperature logs**.
- B. Monitor and record current, minimum and maximum temperatures in vaccine refrigerators and freezers twice each day, at the beginning and end of each business day-even if using digital data loggers.
- C. Download and analyze temperature data files (if using digital data loggers) at the end of every two-week period - or sooner if an excursion is identified. Look for temperature trends that might indicate performance issues with vaccine storage units.
- D. Acknowledge that if temperatures are not monitored and documented, if temperature logs are missing, or if temperature logs are falsified, all affected vaccines will be automatically deemed non-viable and considered a negligent vaccine loss.
- E. Ensure VFC temperature logs are legible and completed accurately.
- F. Immediately cross out, correct, and initial neatly any inadvertent documentation error.
- G. Ensure the supervisor certifies and signs that temperatures were recorded twice daily, staff printed names and initials, and corrective actions were taken when the VFC temperature log is complete for each 15-day period.
- H. Acknowledge that temperature logs missing during a VFC site visit but found at a later date will not be accepted.
- I. Retain paper logs and electronic files related to temperature monitoring for three years.

10. Reporting Storage & Handling Incidents

- A. Take immediate action to prevent vaccine spoilage and to correct any improper storage condition if a vaccine storage unit temperature is identified as out of range.
- B. Mark as "Do Not Use" any vaccines exposed to out-of-range temperatures; do not administer vaccines until vaccine viability has been determined by the vaccine manufacturers.
- C. Download and review temperature data files for every temperature excursion if using digital data loggers.
- D. Report and document all out-of-range temperatures on MyVFCvaccines.org.
- E. Transport vaccines in the event of extended power outages or unit malfunctions following the guidelines for proper **refrigerated vaccine transport** and **frozen vaccine transport**.

11. Vaccine Inventory Management

- A. Conduct a physical vaccine inventory at least monthly and before ordering routine vaccines using the **VFC Vaccine Physical Inventory Form** or equivalent electronic or paper form.
- B. Never borrow VFC-supplied vaccines to supplement private stock, or vice versa.
- C. For vaccines that will expire within 6 months and cannot be used, notify the VFC Call Center prior to transferring to another VFC provider.
- D. Remove spoiled, expired, and wasted vaccines from storage units immediately to prevent inadvertent use.
- E. Report all VFC-supplied spoiled, expired, or wasted vaccines prior to submitting a new vaccine order.
- F. Monitor vaccine storage units regularly and purchase additional units if capacity cannot accommodate the inventory in a manner consistent with VFC Program requirements.

12. Vaccine Transport

- A. Contact the VFC Call Center prior to transferring vaccines and only transfer to an alternate location that has vaccine storage units and temperature monitoring devices that meet VFC Program requirements.
- B. Never routinely transfer VFC-supplied vaccines to other VFC providers.
- C. Never transfer VFC-supplied vaccines to non-VFC providers.
- D. Store VFC-supplied vaccines only at facilities designated in the provider profile; never store VFC vaccines in personal residences.
- E. Transport vaccines only when absolutely necessary and follow the guidelines for proper **refrigerated vaccine transport** and **frozen vaccine transport**.
- F. Use digital data loggers to monitor temperatures during vaccine transport and at mass vaccination clinics.
- G. Complete the "**VFC Refrigerated Vaccine Transport Log**" or "**Frozen Vaccine Transport Log**" each time vaccines are transported.
- H. Acknowledge that vaccines transported without proper documentation of temperature monitoring may be deemed non-viable.

13. Vaccine Administration

- A. For non-Medi-Cal VFC-eligible children, waive the administration fee if the parent/guardian is unable to pay.
- B. For Medi-Cal children, never bill the difference between Medi-Cal's administration fee and the administration fee cap to the parent/guardian.
- C. Acknowledge that revaccination is recommended if non-viable vaccines have been administered to patients.

14. Program Integrity

- A. Ensure that I and my staff conduct ourselves in an ethical, professional, and respectful manner in all interactions with VFC Program staff.
- B. Never destroy, alter, or falsify immunization or VFC Program-related records.

To receive VFC-supplied vaccines, confirm acknowledgment of this agreement.

Failure to comply with any of the above could be grounds for suspension of vaccine ordering privileges and/or termination from the VFC Program.

VFC Provider Agreement

To receive publicly funded vaccines at no cost, I agree to the following conditions, on behalf of myself and all the practitioners, nurses, and others associated with the health care facility of which I am the medical director or equivalent:

1. I will annually submit a provider profile representing populations served by my practice/facility. I will submit more frequently if 1) the number of children served changes or 2) the status of the facility changes during the calendar year.
2. I will screen patients and document eligibility status at each immunization encounter for VFC eligibility (i.e., federally or state vaccine-eligible) and administer VFC-purchased vaccine by such category only to children who are 18 years of age or younger who meet one or more of the following categories:
 - A. Federally Vaccine-eligible Children (VFC eligible)
 1. Are an American Indian or Alaska Native;
 2. Are enrolled in Medicaid;
 3. Have no health insurance;

4. Are underinsured: A child who has health insurance, but the coverage does not include vaccines; a child whose insurance covers only selected vaccines (VFC-eligible for non-covered vaccines only). Underinsured children are eligible to receive VFC vaccine only through a Federally Qualified Health Center (FQHC), or Rural Health Clinic (RHC) or under an approved deputization agreement.

B. State Vaccine-eligible Children

1. In addition, to the extent that my state designates additional categories of children as "state vaccine-eligible", I will screen for such eligibility as listed in the addendum to this agreement and will administer state-funded doses (including 317 funded doses) to such children.

Children aged 0 through 18 years that do not meet one or more of the eligibility federal vaccine categories (VFC eligible), are not eligible to receive VFC-purchased vaccine.

3. For the vaccines identified and agreed upon in the provider profile, I will comply with immunization schedules, dosages, and contraindications that are established by the Advisory Committee on Immunization Practices (ACIP) and included in the VFC program unless:
 - a. In the provider's medical judgment, and in accordance with accepted medical practice, the provider deems such compliance to be medically inappropriate for the child;
 - b. The particular requirements contradict state law, including laws pertaining to religious and other exemptions.
4. I will maintain all records related to the VFC program for a minimum of three years and upon request make these records available for review. VFC records include, but are not limited to, VFC screening and eligibility documentation, billing records, medical records that verify receipt of vaccine, vaccine ordering records, and vaccine purchase and accountability records.
5. I will immunize eligible children with publicly supplied vaccine at no charge to the patient for the vaccine.
6. I will not charge a vaccine administration fee to non-Medicaid federal vaccine eligible children that exceeds the administration fee cap of \$26.03 per vaccine dose. For Medicaid children, I will accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plans.
7. I will not deny administration of a publicly purchased vaccine to an established patient because the child's parent/guardian/individual of record is unable to pay the administration fee.
8. I will distribute the current Vaccine Information Statements (VIS) each time a vaccine is administered and maintain records in accordance with the National Childhood Vaccine Injury Act (NCVIA), which includes reporting clinically significant adverse events to the Vaccine Adverse Event Reporting System (VAERS).
9. I will comply with the requirements for vaccine management including:
 - a. Ordering vaccine and maintaining appropriate vaccine inventories;
 - b. Not storing vaccine in dormitory-style units at any time;
 - c. Storing vaccine under proper storage conditions at all times. Refrigerator and freezer vaccine storage units and temperature monitoring equipment and practices must meet California Department of Public Health Vaccines for Children Program storage and handling requirements;
 - d. Returning all spoiled/expired public vaccines to CDC's centralized vaccine distributor within six months of spoilage/expiration
10. I agree to operate within the VFC program in a manner intended to avoid fraud and abuse. Consistent with "fraud" and "abuse" as defined in the Medicaid regulations at 42 CFR § 455.2, and for the purposes of the VFC Program:

Fraud: is an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable federal or state law.

Abuse: provider practices that are inconsistent with sound fiscal, business, or medical practices and result in an unnecessary cost to the Medicaid program, (and/or including actions that result in an unnecessary cost to the immunization program, a health insurance company, or a patient); or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program.

11. I will participate in VFC program compliance site visits including unannounced visits, and other educational opportunities associated with VFC program requirements.
12. For pharmacies, urgent care, or school located vaccine clinics, I agree to:
 - a. Vaccinate all "walk-in" VFC-eligible children and
 - b. Will not refuse to vaccinate VFC-eligible children based on a parent's inability to pay the administration fee.

Note: "Walk-in" refers to any VFC eligible child who presents requesting a vaccine; not just established patients. "Walk-in" does not mean that a provider must serve VFC patients without an appointment. If a provider's office policy is for all patients to make an appointment to receive immunizations then the policy would apply to VFC patients as well.

13. I agree to replace vaccine purchased with federal funds (VFC, 317) that are deemed non-viable due to provider negligence on a dose-for-dose basis.
14. I understand this facility or the California Department of Public Health Vaccines for Children Program may terminate this agreement at any time. If I choose to terminate this agreement, I will properly return any unused federal vaccine as directed by the California Department of Public Health Vaccines for Children Program.

CHIEF PHYSICIAN NAME Andrew Deckert	MED. LICENSE NUMBER G57867	DATE 12-30-2016
---	--------------------------------------	---------------------------

PERSON SUBMITTING APPLICATION:

NAME Christopher Crowe	TITLE LVN/ Vaccine Coordinator
PHONE (530) 229-8463	EMAIL ccrowe@co.shasta.ca.us

Close Window
Print

APPROVED AS TO FORM
SHASTA COUNTY COUNSEL

Alan B. Cox
Deputy County Counsel

RISK MANAGEMENT APPROVAL

BY: James Johnson 10/30/17
Risk Management Analyst

James Johnson
Risk Management Analyst

BY:

RISK MANAGEMENT APPROVAL