

To participate in the Vaccines For Children (VFC) program and receive federally procured vaccine provided to my facility at no cost, I agree to the following conditions, on behalf of myself and all other practitioners, nurses and others associated with this medical office, group practice, managed care organization, community/migrant/rural clinic, health department, or other health delivery facility of which I am the physician-in-chief or equivalent:

1. Screen patients and administer VFC program-purchased vaccine only to a child (18 years of age and younger) who qualifies under one or more of the following categories: a) is an American Indian or Alaskan Native; b) enrolled in Medicaid; c) has no health insurance; or d) has health insurance that does not pay for the cost of vaccine.
2. Administer VFC vaccines only to eligible children in accordance with the immunization schedule, dosages, and contraindications established by the Advisory Committee on Immunization Practices (ACIP) and the VFC resolutions issued by the ACIP. Any exceptions to this practice must be based on a) my medical judgment, in accordance with accepted medical practice; or b) a reasonable belief that a specific requirement contradicts the law in my state pertaining to religious or any other exemptions.
3. Maintain parent/guardian responses to VFC eligibility on the Patient Screening Record form or equivalent record for a period of 3 years. I will make such records available to the State or the Department of Health and Human Services (DHHS) upon request.
4. Not impose a charge for the cost of the vaccine.
5. Not charge a vaccine administration fee to the non-Medicaid VFC-eligible children that exceeds the administration fee cap of \$13.89 per vaccine dose.
6. Not deny administration of a federally procured vaccine to a patient because the child's parent/guardian/individual of record is unable to pay the administration fee. For Medicaid VFC-eligible children, accept the reimbursement for immunization administration set by the state Medicaid agency or the contracted Medicaid health plan.
7. Provide the most current written vaccine information statements (VIS) and maintain records in accordance with the *National Childhood Vaccine Injury Act*, which includes reporting clinically significant adverse events to the Vaccine Adverse Events Reporting System.
8. Comply with the requirements for ordering, vaccine accountability, and vaccine management. Agree to operate within the VFC program in a manner intended to avoid fraud and abuse.
9. Comply with the Centers for Disease Control and Prevention's (CDC) Recommendations for Handling and Storage of Vaccines. In the event that vaccine obtained through the VFC Program is wasted due to unreasonable negligence and/or improper vaccine storage and handling practices, I understand additional vaccine shipments will be suspended until proper procedures are implemented.
10. Share immunization records of any child seen in my practice with the local health department or other practices upon request.
11. Meet with VFC Program staff to discuss VFC compliance, quality assurance, immunization coverage, clinical assessment findings and issues related to VFC patients.
12. Utilize the VFC Program's nursing resources if needs are identified to obtain clinical training for my staff on vaccine storage, immunization schedule interpretation, and vaccine administration techniques.
13. The State may terminate this agreement at any time for failure to comply with these requirements or I may terminate the agreement at any time for personal reasons. If I choose to terminate the agreement I will return any unused VFC vaccine.