

Freezer Certification Form For Varicella Vaccine Storage

Providers need to check the accuracy of their freezer storage before obtaining varicella vaccine by monitoring and verifying the temperature of their freezer. Five days of temperature monitoring must be conducted to assure the unit can maintain a temperature at or below 15°C (5°F). Fax a copy of the temperature log with this form. If you have any questions please call Immunization Services at (405) 271-4073.

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED TO THE IMMUNIZATION SERVICE BEFORE VARICELLA VACCINE CAN BE ORDERED.

Name of Physician/Clinic _____

Address _____
(Street Address) (City) (Zip)

Telephone Number _____

Contact Person _____

I, _____, certify that the above named
(Print Name)

physician/clinic will store varicella vaccine in the freezer compartment of a frost-free, kitchen-size refrigerator or larger which can maintain an average temperature of 5°F (-15°C) or colder.

What type of temperature monitoring device is used in the freezer?

Thermometer _____

Electronic monitor with alarm _____

Other, please specify _____

Signature _____ Date _____