

## Varicella Vaccine Storage Freezer Certification Form

Freezer storage units must be checked for accuracy before obtaining varicella vaccine. Five (5) days of temperature monitoring must be conducted to assure the unit can maintain a temperature at or below 5°F (-15°C).

After temperature readings have been collected (five days), please fax a copy of the temperature log along with this form to Immunization Service.

**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  
(Print Name)

named physician/clinic will store varicella vaccine in the freezer compartment of a frost-free storage unit which can maintain an average temperature of 5°F (-15°C) or colder. **NOTE: CDC recommends the use of a stand-alone unit(s) for frozen vaccines.**

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

Thermometer \_\_\_\_\_

Electronic monitor with alarm \_\_\_\_\_

Other, please specify \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Any questions should be directed to the regional Immunization Field Consultants by contacting the local county health department or by contacting Immunization Service at 1-800-234-6196.