VFC/WyVIP Program
Borrowed Vaccine Report

Borrowing should only occur when there is lack of appropriate stock vaccine (VFC or provider-purchased) due to unexpected circumstances, such as a delayed vaccine shipment or vaccine spoiled in-transit to provider. The provider should not plan to borrow from either the private stock or the VFC stock.

This report must be completed for each borrowing occurrence. As soon as the borrowed doses of vaccine are replaced to the appropriate vaccine stock, that date must be entered on this form. These borrowing reports must be submitted with monthly vaccine paperwork and be kept as part of the VFC program records and made available to the VFC staff during site visits.

NOTE: Influenza vaccine cannot be borrowed since there is no guarantee that the vaccine can be replaced within the same season.

*If "Other" is checked below an explanation must be provided.

Fax to: 307-777-3615

PIN:		Provider Name:	

Name of Vaccine	# Doses	Date Borrowed	Reason for borrowing	Date vaccine returned to appropriate stock
			☐ Private stock order delayed or non-viable upon arrival. ☐ WyVIP/VFC order delayed or non-viable upon arrival ☐ Other, explain: ☐ Administering short-date vaccine to prevent wastage.	
			☐ Private stock order delayed or non-viable upon arrival. ☐ WyVIP/VFC order delayed or non-viable upon arrival ☐ Other, explain: ☐ Administering short-date vaccine to prevent wastage.	
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			☐ Private stock order delayed or non-viable upon arrival. ☐ WyVIP/VFC order delayed or non-viable upon arrival ☐ Other, explain: ☐ Administering short-date vaccine to prevent wastage.	

"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3730) and other applicable federal and state law, that VFC vaccine dose borrowing and replacement reported on this report has been accurately reported and conducted in conformance with VFC provisions for borrowing and further certify that all VFC doses borrowed during the noted time period have been fully reported on this form."

Vaccine Contact Name:		Vaccine Contact Signature:		Date:	