

Certification of Capacity to Store VARIVAX[®]/ProQuad[®] Vaccine		PIN
Please Print or Type		
Name of Physician's Office, Practice, Clinic, etc.		
Vaccine Delivery Address (No P.O. Box)		
City	County	Zip Code
Times and Day for Delivery (Please Check One or More)		
<input type="checkbox"/> Monday (Times: _____) <input type="checkbox"/> Tuesday (Times: _____) <input type="checkbox"/> Wednesday (Times: _____)		
<input type="checkbox"/> Thursday (Times: _____) <input type="checkbox"/> Friday (Times: _____)		
Contact Person	Title	
Telephone ()	FAX ()	

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, or other entity of which I am the physician-in-chief, medical director or equivalent, agree to comply with each of Merck & Company's VARIVAX[®] and ProQuad[®] storage requirements listed below.

- I will protect VARIVAX[®]/ProQuad[®] from exposure to light.
- I will store VARIVAX[®]/ProQuad[®] in a **freezer** that maintains an average temperature of 5°F (-15°C) or colder.
Note: Any freezer that reliably maintains the stated temperature and has an external, separate, sealed door, is acceptable for storage of VARIVAX[®]/ProQuad[®].
Acceptable freezers include:
 - Household freezers designed to maintain temperatures at or below 5°F (-15°C);
 - Frost-free freezers;
 - Non-frost-free freezers; or
 - Freezer-refrigerator combination units in which the freezer is separate, sealed, and insulated.Non-acceptable freezers include:
 - Small, "dormitory-type" refrigerators with internal freezers; or
 - Freezers that do not meet temperature-maintenance criteria.
- I will check, **twice daily**, the temperature in the freezer, in which I have stored VARIVAX/ProQuad.
- I will not move or transport VARIVAX[®]/ProQuad[®] from the clinic location to which the vaccine is shipped. VARIVAX[®] may be stored at refrigerator temperatures of 2 – 8°C (35 – 46°F) for up to 72 continuous hours. VARIVAX[®] stored in a refrigerator that is not used within 72 hours of removal from the freezer should be considered non-viable and returned to the VFC distributor. Unlike VARIVAX[®], **ProQuad[®] may NOT be stored at refrigerator temperature at ANY time.** For information regarding stability under conditions other than those recommended, call 1-800-9VARIVAX (1-800-982-7482). I will also contact the VFC Program if vaccines become questionable due to exposure to inconsistent temperatures.
- I will reconstitute VARIVAX[®]/ProQuad[®] only with the diluent supplied with the vaccine and will store the diluent at refrigerator or room temperature. I also will administer VARIVAX[®]/ProQuad[®] within 30 minutes after reconstitution and discard VARIVAX[®]/ProQuad[®] if not used within 30 minutes after reconstitution.

Provider Signature: _____

Date: _____

To receive VARIVAX[®]/ProQuad[®] vaccines, you must submit this form to the address below. (Retain a copy for your records)

Vaccines for Children (VFC) Program
California Department of Public Health
Immunization Branch
850 Marina Bay Parkway, Bldg P., 2nd Floor
Richmond, CA 94804
Telephone: 877-2GET-VFC

