

VACCINE BORROWING LOG

VFC PIN: _____ Clinic Name: _____ Date Range or Month/Year: _____

Use this form when: 1. A dose of VFC vaccine is administered to a non VFC-eligible child **OR**, 2. A dose of privately purchased vaccine is administered to a VFC-eligible child. Submit with vaccine orders and maintain for 3 years. All borrows must be recorded on this form and in MCIR. VFC providers must maintain adequate inventory of private vaccine for patients not VFC-eligible. Borrowing should only occur as a rare, unplanned circumstance such as a delay in private shipment. As a reminder, **VFC flu vaccine** should NOT be borrowed under any circumstance. Detailed guidance can be found at www.michigan.gov/vfc.

| BORROWED | | | | | | | | REPLACEMENT | | | | |
|---|------------------|-----|---|--|--------------|------------------------|---|---|--------------|--|---------------------------|--|
| Date Dose Borrowed | Child's MCIR ID* | DOB | Dose Used from: VFC or Private | Vaccine Type (ex: MMR) If Flu, specify type/dose | Manufacturer | Lot # of Borrowed Dose | Reason # (options below) | Date Dose Replaced | Vaccine Type | Manufacturer | Lot # of Replacement Dose | |
| | | | | | | | | Reminder: Ensure replacement occurs in MCIR and unit. | | | | |
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| Reason for Borrowing VFC Dose | | | | | | | Reason for Borrowing Private Dose | | | | | |
| 1. Private vaccine Shipment Delay | | | 5. Accidental use of VFC for private | | | | 8. VFC vaccine shipment delay | | | 11. Short-dated private used on VFC client to avoid expiration | | |
| 2. Private vaccine not useable on arrival | | | 6. Insurance did not cover private dose | | | | 9. VFC vaccine not useable on arrival | | | 12. Accidental use of Private for VFC | | |
| 3. Ran out of private vaccine between orders | | | 7. Other – Describe: | | | | 10. Ran out of VFC vaccine between orders | | | 13. Other – Describe: | | |
| 4. Short-dated VFC used on private client to avoid expiration | | | | | | | | | | | | |

*MCIR ID must be used. Ensure compliance with HIPAA & MPHI when handling and transmitting Protected Health Information (PHI). This form is available at www.michigan.gov/vfc Re: 1-05-24