

STATE OF NEVADA

BRIAN SANDOVAL
Governor

RICHARD WHITLEY, MS
Interim Director



MARTA E. JENSEN
Interim Administrator

TRACEY D. GREEN, MD
Chief Medical Officer

DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC AND BEHAVIORAL HEALTH
IMMUNIZATION PROGRAM

4150 Technology Way, Suite 210 - Carson City, Nevada 89706
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VACCINE TRANSFER FORM

(Print Clearly)

Date: _____

PIN: _____ Clinic/Facility Transferring the Vaccine: _____

PIN: _____ Clinic/Facility Receiving the Vaccine: _____

I, _____, certify on behalf of the receiving clinic/facility, that our site is ENROLLED in the VFC and/or Adult Immunizations Program through the Nevada State Immunization Program (NSIP). I also certify that I have reviewed the last 3 months of the Transferring clinics vaccine storage unit temperature logs.

QTY (in doses)	VACCINE	VIAL/ SYRINGE	MFG	EXP DATE	LOT #	REASON FOR TRANSFER OR COMMENTS

Signature for Transferring Facility/Clinic

Signature for Receiving Facility/Clinic

Printed Name

Printed Name