Janet T. Mills Governor

Jeanne M. Lambrew, Ph.D. Commissioner



Maine Department of Health and Human Services
Maine Center for Disease Control and Prevention
11 State House Station
286 Water Street
Augusta, Maine 04333-0011
Tel; (207) 287-8016; Fax (207) 287-9058
TTY: Dial 711 (Maine Relay)

VARICELLA/MMR-V ELIGIBILITY REQUEST FORM MAINE IMMUNIZATION PROGRAM 286Water Street, 9th floor Augusta, Maine 04333

Facility Name	
Contact Person	Phone #
The following requirements must be met in from the Maine Imr	order to receive Varicella/MMRV vaccine nunization Program
STORAGE UNITS IN THE FACILITY	Please check as appropriate
Free standing chest freezer	
Free standing upright freezer	
Note : Small dormitory style with internal freezers not authorized to store Varicella or MMR-V vac	or full-size kitchen refrigerators with separate freezer are cine.
REQUIRED STORAGE UNIT TEMPERATU	RES
Freezer Temperatures must be maintained at 5°F of	or colder
TEMPERATURE LOG REQUIREMENTS	
Max and Min Temperatures are recorded once dail luring opening of the facility. Days of in-range max and min freezer temperatu he form is faxed to the Maine Immunization Program	res must be recorded in ImmPact up to the date
<u>PROTOCOLS</u>	
Maine Immunization Program and the Centers for these temperatures must be reported immediately Immunization Program. Personnel responsible for emergency storage of vaccine anytime temperature	res as stated above as required by the manufacturer, the Disease Control and Prevention. Any deviations from upon discovery to the manufacturer and the Maine vaccines must review and understand local protocols for es are noted outside of the required range. It is recial ice packs line the walls of the freezer to help
The above requirements have been met Practice	Manager or equivalent Date
Mail to above address or fax to 287-8127	