

VARICELLA/MMR-V ELIGIBILITY REQUEST FORM

MAINE IMMUNIZATION PROGRAM

286 Water Street, 9th floor

Augusta, Maine 04333

Facility Name _____ PIN # _____

Contact Person _____ Phone # _____

The following requirements must be met in order to receive Varicella/MMRV vaccine
from the Maine Immunization Program

STORAGE UNITS IN THE FACILITY

Please check as appropriate

Full size kitchen style refrigerator with separate freezer unit

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Free standing chest freezer

☐

Free standing upright freezer

☐

Other (Describe) _____

☐

Note: Small dormitory style refrigerators with internal freezers
are not authorized to store Varicella or MMR-V vaccine.

REQUIRED STORAGE UNIT TEMPERATURES

Freezer Temperatures must be maintained at 5°F or colder

TEMPERATURE LOG REQUIREMENTS

7 Days of in-range freezer temperatures are recorded in ImmPact

Temperatures are recorded twice daily using the logs provided by the State during opening and closing
of the facility.

PROTOCOLS

All vaccine storage units must maintain temperatures as stated above as required by the manufacturer,
the Maine Immunization Program and the Centers for Disease Control and Prevention. Any deviations
from these temperatures must be reported immediately upon discovery to the manufacturer and the
Maine Immunization Program. Personnel responsible for vaccines must review and understand local protocols
for emergency storage of vaccine anytime temperatures are noted outside of the required range. It is
recommended that frozen water bottles or commercial ice packs line the walls of the freezer to help
maintain temps during power failures.

The above requirements have been met _____
Practice Manager or equivalent Date

Mail to above address or fax to 287-8127