

# H1N1 Guidance and Forms Instructions

The **Provider Agreement form** should be completed as follows:

- Line 1: Name of Medical Director with license number or Standing Order Physician with license number
- Line 4: Name of the facility working with
- Line 5: Address of the facility
- Line 6: LPHA address if transferring vaccine

If working with a provider that will be a “direct ship to” then all information will be that of the provider. Pin number will be VFC number, if applicable. If non-VFC then either leave blank or write “non-VFC”. On the last page, if it is not feasible for either the Medical Director or Standing Order Physician to sign the agreement, then the person who can “bind” the organization can sign the form. This can be the Administrator, CEO, Solo Physician, etc. Send copies of all Provider Agreements to me at my mailing address listed at the end of my email.

The **Provider Registration form** is self-explanatory. It would be best if this can be completed at the same time as the Provider Agreement and submitted together. If the Provider Agreement has already been signed, then once the Registration form is complete send it to me as well.

The **H1N1 Immunization Consent and History form** has been designed to serve as the “medical record”. We wanted to keep this process as simple as possible by including the FERPA language for those that are working with schools and therefore only having one form. There just wasn’t room to include the “screening” questions.

The **H1N1 Tally form** is used to document those individuals who receive the vaccine by age, type of vaccine and dose. This information is to be kept either by the provider or LPHA. It is not to be sent to me.

The **Vaccine Order and Accountability Report** has guidance. When printing these forms, it would be best if this could be printed back to back.

The **Vaccine Transfer Report** also has guidance. Please keep in mind that when transferring vaccine this report will need to be completed each time and the correct information documented on the accountability form. This form will need to be submitted weekly with the accountability form to the LPHA and then forwarded to me.

The **Temperature Log form** attached is just a sample if you choose to use for your “non-VFC” providers. If you want to provide them with a copy of the temperature log you already use, that is fine. These will need to be submitted to you weekly along with the Accountability form and Tally form. I have no need to see the temperature logs. It will be your responsibility to review and make sure temperatures are within the correct range.

The remaining forms are informational and would be of help to your “non-VFC” providers. It will take some of your time to review these forms with your providers and make sure they understand the importance of accurately reporting on the Accountability form, the schedule for reporting, which is weekly, and the importance of the correct storage and handling protocols.

For further assistance, contact Linda Powell at 573-522-2801.

Missouri Department of Health & Senior Services  
Bureau of Immunization Assessment & Assurance