



Good Life. Great Mission.

## Nebraska Immunization Program Vaccine Restitution Form

### DEPT. OF HEALTH AND HUMAN SERVICES

State and local immunization programs with vaccine restitution or replacement policies must follow CDC policy on vaccine replacement of federally funded vaccines. All vaccines which have been lost and are eligible for replacement (according to state/local restitution policy) must be replaced dose for dose within 90 days of loss. Providers must submit a receipt of vaccine purchase reflecting dose for dose replacement to the Nebraska Immunization Program within 90 days of the vaccine loss, and submit this report once replacement doses have been administered. Replaced doses must only be used to support eligible VFC children and VFA adults.

Clinic Name: \_\_\_\_\_ NESIIS PIN: \_\_\_\_\_

Vaccine Type	Loss Date	Lot #	NDC #	VFC / VFA/ BDH	# of Doses Lost	Date Replaced

*"I hereby certify, subject to penalty under the False Claims Act (31 U.S.C. § 3729) and other applicable federal and state laws, that VFC and/or VFA vaccines reported on this form are accurate and replaced in conformance with state provisions for restitution, and that all doses lost during the noted time period have been fully reported and replaced according to this form."*

Provider Name: \_\_\_\_\_

Date: \_\_\_\_\_

Provider Signature: \_\_\_\_\_