

**New Jersey Department of Health and Senior Services  
Vaccines for Children (NJVFC) Program  
PO Box 369  
Trenton, NJ 08625-0369**

**VACCINE FOR CHILDREN PROGRAM  
VARICELLA/MMRV STORAGE QUESTIONNAIRE**

*Please print or type the following information. Return this form to the New Jersey Vaccines for Children (NJVFC) Program, with other enrollment forms.*

SECTION I - DIRECTORY				
Site/Facility Name			Provider Identification (PIN)	
Mailing Address <b>(No PO Boxes) (Mandatory)</b>			Telephone Number (     )	
Name of Contact Person			E-mail Address <b>(Mandatory)</b>	
SECTION II - CLINIC/OFFICE RECEIVING SITES				
OFFICE DAYS/HOURS (Enter office hours below for each day)				
Monday	Tuesday	Wednesday	Thursday	Friday
<b>PLEASE NOTE: If this form is not returned, you will not receive Varicella/MMRV Vaccine!</b>				
SECTION III – REFRIGERATION/STORAGE				
<b>Dorm size refrigerators are <u>NOT</u> acceptable for storing Varicella/MMRV!</b>				
<p>1. Type of refrigeration unit: Combination: _____ Stand Alone: _____</p> <p>2. Does the office have a frost-free refrigerator? ..... <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>3. Does the office have a frost-free freezer? ..... <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>4. Is the temperature monitored on the refrigerator/freezer? ..... <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>5. How often is the temperature monitored on the refrigerator/freezer?  <input type="checkbox"/> Twice Daily      <input type="checkbox"/> Weekly                      <input type="checkbox"/> Every 3 months                      <input type="checkbox"/> Not Monitored  <input type="checkbox"/> Daily                      <input type="checkbox"/> Monthly                      <input type="checkbox"/> Every 6 months</p> <p>6. If you have a combination refrigerator/freezer, is the freezer compartment sealed and separate from the refrigerator section?..... <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>7. Is vaccine ever transported outside the building from your main refrigerator/freezer storage? ..... <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>8. Can you purchase, store and handle dry ice, if necessary, to transport vaccine? ..... <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>9. Are freezer temperatures measured and certified by you to range between 0-5 degrees Fahrenheit or less to conform with the FDA, the vaccine manufacturer and the New Jersey Vaccines for Children (NJVFC) Program requirements? ..... <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p> <p>9. Do you use a standardized temperature log to record temperatures? ..... <input type="checkbox"/> Yes                      <input type="checkbox"/> No</p>				
Name of Person Certifying Temperature (Print)				
Signature			Date	