



# Vaccine Administered at an Off-Site Clinic Follow Up Form



When state-supplied vaccines are transported to and administered at another location away from your facility (i.e. in the community, a school, a pioneer home, etc), complete this form and return it to the Immunization Program within 14 days after the clinic is held.

**Email:** [vaccinedepot@alaska.gov](mailto:vaccinedepot@alaska.gov)

**Fax:** 907-269-0478

*Returning this form does not substitute the required submission of vaccine administration data into VacTrAK- Alaska's Immunization Information System. Health care providers are required to report all administered immunizations to VacTrAK within 14 days of vaccine administration ([7 AAC 27.650](#)).*

**Facility Name:** \_\_\_\_\_ **PIN:** \_\_\_\_\_

**Location of Off-Site Clinic:** \_\_\_\_\_ **Date of Off-Site Clinic:** \_\_\_\_\_

**Type of Off-Site Clinic:** (Check all that apply)

- School based
- Emergency Preparedness
- Community
- Employee Health
- Other: \_\_\_\_\_

**Age Group Served:**

- 0 through 18 years
- 19 through 64 years
- ≥65 years

**# of State-Supplied Vaccine Doses Administered:**

Vaccine:	# of doses:	Vaccine:	# of doses:	Vaccine:	# of doses:
DT		HPV		PPSV23	
DTaP		Influenza		Rota	
DTaP/IPV		IPV		Td	
DTaP/HepB/IPV		MCV4		Tdap	
Hepatitis A		MenB		Varicella	
Hepatitis B		MMR		Zoster	
Hib		PCV13			

**Did your staff conduct a post-clinic evaluation?**

- Yes
- No

**Name of person filling out this form if additional information is needed**

**Name:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Contact Alaska Immunization Program**

Anchorage: 907-269-8088 | Email: [vaccinedepot@alaska.gov](mailto:vaccinedepot@alaska.gov)  
 Website: <http://dhss.alaska.gov/dph/Epi/iz/Pages/vaxpacket/default.aspx>