

**Influenza Vaccine  
Immunization Provider Memorandum of Understanding (MOU)**

**Facility Information:**

\_\_\_\_\_  
Name of practice, facility or  
organization (required)

\_\_\_\_\_  
Facility licensure number (if applicable)

\_\_\_\_\_  
VFC PIN (if applicable)

\_\_\_\_\_  
Address of receiving facility

Check here if multiple locations from one organization are to be supplied with influenza vaccine covered by this MOU. If so, on a separate page, please provide the address(es), VFC PIN (if applicable), and primary point of contact for each.

**Medical Director Information:**

Medical Director of practice/facility/organization must have an active, unencumbered TN medical license is required.

\_\_\_\_\_  
Name (required)

\_\_\_\_\_  
License Number (required)

**Point of Contact Information:**

Point of contact is the person completing this MOU on behalf of the practice/ facility/ organization.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email

Your participation in the influenza vaccination effort is greatly appreciated as a vital service that will protect individuals and the public against seasonal influenza. The vaccine has been provided by the federal government. It is being made available to immunization providers working in conjunction with the Tennessee Department of Health (TDH) to vaccinate individuals who may not otherwise have access to the vaccine.

*Please indicate your agreement to each of the conditions by checking “Accept” beside each statement.*

**The immunization provider agrees to:**

- Accept 1. Administer the influenza vaccine according to the recommendations of CDC’s Advisory Committee on Immunization Practices (ACIP) as adopted by the Centers for Disease Control and Prevention (CDC).
  
- Accept 2. Store and handle the vaccine in accordance with the package insert provided with the vaccine and in compliance with the storage equipment and temperature monitoring requirements of the Vaccines for Children (VFC) Program, as outlined in the current Tennessee VFC Provider Handbook. Details in the handbook include: minimizing the risk of vaccine damage by the use of VFC-approved storage equipment and continuous temperature monitoring devices in the same manner as VFC practices; prompt response to and reporting of storage temperature excursions to the Tennessee Immunization Program (TIP); suspension of vaccine administration after exposure of vaccine to improper storage conditions until usability is confirmed by TIP or the vaccine manufacturer.
  
- Accept 3. Provide a current Vaccine Information Statement (VIS) to each individual before vaccination and answer questions about the benefits and risks of vaccination.
  
- Accept 4. Record in the patient’s medical record or in an office log the date of administration, the site of administration, the vaccine type and lot number, and the name of the immunization provider for each individual vaccinated. Administered vaccine doses shall be recorded on the patient record within the Tennessee Immunization Information System (TennIIS) within 2 weeks of administration.
  
- Accept 5. Report moderate and severe adverse events following vaccination to the Vaccine Adverse Event Reporting System (1-800-822-7967, [www.vaers.hhs.gov](http://www.vaers.hhs.gov)).

**In addition, the immunization provider:**

- Accept 6. Shall not charge patients, health insurance plans, or other third-party payers for the vaccine or any other immunization supplies provided at no cost to the provider. Any administrative fee shall be waived in the event a patient cannot pay it. The provider/facility is also prohibited from selling, trading, or otherwise redirecting any vaccine, syringes or needles provided as part of this effort.
  
- Accept 7. Must report the number of doses of influenza vaccine administered to individuals, wasted, expired or in current inventory as requested by the state or local public health department.
  
- Accept 8. Must provide the recipient a written record of immunization to serve as an information source if a Vaccine Adverse Event Reporting System (VAERS) report is needed or as a personal reminder to the recipient.

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 Accept 9. Shall assure that all persons participating in the influenza vaccination program at this facility are made aware of their obligations under the terms of this agreement.

Accept 10. Shall not refuse to administer any usable, unexpired vaccine to an eligible recipient until notified by the Department of Health that the vaccine initiative has been suspended or discontinued.

**Additional Conditions: The immunization provider acknowledges that:**

TDH reserves the right to inspect vaccine inventory at will.

TDH reserves the right to recall or redirect issued vaccines as dictated by the department's outbreak response needs.

The timing and amounts for distribution of these vaccines will be at the sole discretion of TDH.

All media contacts with respect to the current influenza season and immunization provider response thereto must be cleared in advance by TDH.

All references to the Tennessee Vaccines for Children (VFC) Program refer to standard, published protocols used by that program for vaccine storage and handling. These vaccines are not a part of the VFC Program and this agreement does not carry any implications for VFC Program participation.

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Lisa Piercey, MD, MBA, FAAP  
Commissioner, Tennessee Department of Health

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Date

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Immunization Provider (Medical Director or equivalent)

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Date