



Department of Health & Human Services
Maine Center for Disease Control and Prevention
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2011-2012 School-Located Vaccine Clinic [SLVC] Registration

one form per school administrative unit (SAU) to be completed by the MIP vaccine provider and the collaborating school(s)

Deadline for form submission:

To ensure vaccine delivery, complete this form in its entirety and return to MIP at least two weeks prior to the date of the first proposed clinic. **Fax completed forms to 1-800-437-5743 or 207-287-8127.**

SLVC data is recorded in ImmPact2, through a unique entry point created specifically in Mass Immunization for the SLVC. If you already enter data in ImmPact2, please be aware that SLVC data must be entered through the clinic site in "Mass Immunization", not "Manage Client."

1. Contact information

A. SAU

School Administrative Unit (SAU): _____

Enter the full name of the SAU above. If a private school, enter the school name.

Please provide one contact person for your SAU (ideally, a staff member directly involved in SLVC planning and operations):

School Contact Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

B. Vaccine Provider

Vaccine Provider: _____

List the full name of the organization providing the flu vaccine above. (This may be the same as SAU.)

Vaccine Provider MIP 4-digit PIN: _____

This is the 4-digit number assigned to the Vaccine Provider from the Maine Immunization Program (MIP).

Vaccine Contact Name: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-Mail: _____

4. Memorandum of Agreement

If the SAU/private school is not an MIP provider and is getting vaccine through an agreement with a medical provider, the following Memorandum of Agreement between the SAU/private school and the medical provider is required and must be signed by both parties.

Check One:

- Not Utilizing Medical Provider for SLVC, School is responsible for all items in MOA
(Skip to signature on next page)
- Utilizing Medical Provider for SLVC, **Complete Section 4 and both parties sign on next page**

**Memorandum of Agreement (MOA)
for conducting School Located Vaccine Clinics (SLVC)
between
and**

(name of SAU/private school)

(name of medical provider office)

**for Immunization of school children
against 2011-2012 Seasonal Influenza
in SAU/ Private School Settings**

The above SAU/private school and the above medical provider office agree to cooperate in setting up school clinics to vaccinate school children against seasonal influenza during the 2011-2012 school year. This MOA is executed to ensure that all activities of SLVC are managed by an agreed upon responsible party. This agreement shall remain in effect from the date of execution through March 31, 2012.

Please indicate the agreed upon responsible party for each of the activities below (by indicating either of the parties or both, and making notes as needed). Additional activities may be specified in the lines marked "other".

	<u>Responsibility</u>	
Transport and manage vaccine on clinic days	School	Medical Provider
Reconcile vaccine inventory after clinics	School	Medical Provider
Obtain medical waste generator registration (Maine DEP)	School	Medical Provider
Arrange for medical waste disposal	School	Medical Provider
Enter doses administered into ImmPact2 by patient	School	Medical Provider
Enter new patients into ImmPact2, including VFC status	School	Medical Provider
Produce copies of consent forms	School	Medical Provider
Distribute forms to students/families	School	Medical Provider
Distribute consent forms to faculty/staff	School	Medical Provider
Collect returned forms	School	Medical Provider
Evaluate consent/medical screening forms	School	Medical Provider
Follow up on consent/medical screening forms as necessary	School	Medical Provider
Obtain clinic facility	School	Medical Provider
Set up clinic site	School	Medical Provider
Manage student vaccination in clinic	School	Medical Provider
Manage/faculty staff vaccination in clinic	School	Medical Provider
Provide vaccine administrators	School	Medical Provider

Maintain paper copies of vaccine administration records	School	Medical Provider
Submit bills to private insurers for student administration fees	School	Medical Provider
Submit bills to private insurers for staff administration fees	School	Medical Provider
Other _____	School	Medical Provider
Other _____	School	Medical Provider

Notes: _____

If you indicated in Section 2 that you will be using ImmPact2 to automatically roster bill MaineCare for administration fees, which entity will be receiving payment? _____

The undersigned agree to the assignment of responsibilities as indicated above and agree to administer the seasonal influenza vaccine in accordance with Federal CDC guidelines. Only duly credentialed medical providers in good standing may administer vaccines. This agreement is between the SAU/private school the healthcare provider. Maine CDC is not a party to this agreement. MIP providers are bound by their vaccine provider agreement with the MIP.

Vaccine Provider Signature: _____ Date: _____

Superintendent (or designee) Signature: _____ Date: _____

Office Use Only	
Registration form completed	
Provider Agreement on file	
ImmPact2 Enrollment completed, inc. base user	
Vaccine order placed in ImmPact2	