



Dose for Dose Restitution Exception Form Guidance and Directions for use

Guidance:

This form **MUST BE COMPLETELY FILLED OUT** and **EMAILED** to ArizonaVFC@azdhs.gov within thirty (30) days from the date the initial Dose for Dose Replacement Form and Report Card email, that was sent to you in January. To help us track all Exception Request Forms, we ask that you use the following naming structure for the email subject line and attachments: PIN [VFC PIN] Exception request {example: PIN 9999 Exception request}.

Providers are encouraged to act quickly to submit requests in case additional information is needed.

The AIPO will reply to initial email requests within five (5) business days and let you know if additional information is needed.

Requests will not be reviewed until all supporting/requested documents are received by the AIPO.

Once the AIPO has received all supporting/requested documents, the AIPO review team will make a determination if an exception will be granted. If the exception is denied, providers will be required to replace the doses as originally requested.

Exception forms will not be processed after February 2020.

If you have questions, please contact Terry Rinck (Terry.Rinck@azdhs.gov | 520-770-3103).

Directions for use of this form:

Filled-in by the Provider

A1: Organization (IRMS) and/or Facility Name of the provider, as in ASIIS

A2: PIN, as in ASIIS

A3: Date the form is filled out

A4: Name of the person filling out the form

B1: Overall wastage percentage from the last page on the 2019 CY Report Card

C1-4: Select the Exception Request type

D1: Provide justification for the exception

E1: Printed or typed name of the Signatory Physician

E2: Signature of the Signatory Physician

E3: Printed or typed name of the Primary Vaccine Coordinator

E4: Signature of the Primary Vaccine Coordinator

E5: Printed or typed name of the Backup Vaccine Coordinator

E6: Signature of the Backup Vaccine Coordinator

Filled-in by AIPO

F1-5: Official AIPO Use – Do not write anything in these fields



A1: IRMS and/or Facility Name as in ASIIS			
A2: PIN:			
A3: Date		A4: Filled out by	
B1: Wastage % from 2019 CY Report Card			

D1: Justification for restitution exception (100 words or less):

Date _____

Date

Date _____

Last Revision: January 2020