



## Varicella Check Sheet

Varicella vaccine is very fragile and has unique storage and handling needs. It is required that health departments and their affiliates as well as Federally Qualified Health Centers and private physicians fill out this check sheet to verify that you are able to receive, handle, and store this vaccine. You may receive Varicella vaccine only if the recommendations of the manufacturer or those of the Ohio Department of Health for storage and handling are met.

**Please fill out this check sheet and return to:**

**Ohio Department of Health  
900 Freeway Drive North, Bldg. #8  
Columbus OH 43229  
Attention: Immunization Unit**

Name of reporting physician, facility, or Health Department: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Extension: \_\_\_\_\_

ODH Assigned VFC number ( 5 digits ) : \_\_\_\_\_

- | YES      | NO    |  |
|----------|-------|--|
| 1) _____ | _____ | Is your freezer a separate, sealed compartment outside of your main refrigerator compartment? ( <i>Do you see two doors on the outside of your refrigerator?</i> ) |
| 2) _____ | _____ | Do your refrigerator and your freezer have separate temperature controls? (One for the freezer unit and one for the refrigerator unit?)                            |
| 3) _____ | _____ | Is your freezer/refrigerator a standard household style unit or better? You may <b>NOT</b> use "dormitory-style" freezer/refrigerators.                            |

*For the next step, please keep a temperature log of your freezer exclusively for this questionnaire. Record the temperature in your freezer twice a day, once in the morning and once in the evening, for a one-week period.*

*Answer the following question:*

- |          |       |  |
|----------|-------|--|
| 4) _____ | _____ | Is your freezer able to hold the temperature at 5 degrees Fahrenheit (minus 15 degrees Celsius), or colder, consistently? Do <u>not</u> consider the temperature during a defrost cycle. |
|----------|-------|--|

Circle (C) for Celsius or (F) for Fahrenheit

	A.M.	P.M.
Monday	C _____ F	C _____ F
Tuesday	C _____ F	C _____ F
Wednesday	C _____ F	C _____ F
Thursday	C _____ F	C _____ F
Friday	C _____ F	C _____ F

Form completed by: \_\_\_\_\_