

San Francisco Department of Public Health



Communicable Disease Prevention Unit
Population Health Division
101 Grove Street, Room 406
San Francisco, CA 94102
415-554-2955
Fax 415-554-2579

Edwin Lee, Mayor

Vaccine Management Binder: Signature Page

I hereby attest that I have read, understand and will abide by the information provided to me in the 2016 Vaccine Management Binder. If I need clarification on vaccine storage and handling protocol or other SFDPH vaccine distribution program requirements, I will immediately contact the SFDPH Immunization Program by sending an email to immunization@sfdph.org or calling 415-554-2724 or 415-554-2723. Please sign, date, and return with your vaccine program application once per year, and each time staff roles change.

Primary Vaccine Coordinator

Printed Name

Title and Certification (if any)

Signature

Date

1st Back-Up Vaccine Coordinator

Printed Name

Title and Certification (if any)

Signature

Date

2nd Back-Up Vaccine Coordinator

Printed Name

Title and Certification (if any)

Signature

Date

Medical Director (Recommend but not required to read binder. Sign to confirm Coordinators have read binder.)

Printed Name

Title and Certification (if any)

Signature

Date