

**KENTUCKY IMMUNIZATION PROGRAM
3 MONTHS TO EXPIRE *OPTIONAL* FORM**

275 EAST MAIN STREET, HS2E-B, FRANKFORT, KY 40621-0001
Phone (502) 564-4478 / Fax (502) 696-4923 / Email: dph.kvp@ky.gov

Pin #: _____ **Phone:** _____ **Date:** _____

Facility Name: _____

Address: _____

Person Preparing Form: _____ **Is this adult or VFC?** _____

Please use this form to report your doses that will expire in the next 90 days (or 3 months). A determination for reimbursement of doses will be made AFTER the Return & Adjustment has been submitted.

Vaccine and NDC #	Lot #(s)	Expiration Date	Number of Doses
Vaccine			
NDC #			
Vaccine			
NDC #			
Vaccine			
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