



EDUCATIONAL VISIT (submit with IPI Visit Cover Sheet)



Immunization Practices Improvement

MNVFC PIN	CLINIC NAME	DATE AND TIME OF VISIT	
CLINIC CONTACT		PHONE	FAX
IPI ADVISOR			
EDUCATION			
1. PURPOSE OF VISIT			
2. INFORMATION DISCUSSED AT VISIT			
3. DID YOU ATTACH A COPY OF YOUR POWER POINT PRESENTATION? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> N/A			
4. PLEASE LIST ANY HANDOUTS OR BROCHURES GIVEN OUT AT THE VISIT (YOU DO NOT NEED TO SEND COPIES OF BROCHURES OR OTHER MATERIALS GIVEN TO PARTICIPANTS)			
5. PLEASE ATTACH A ROSTER WITH PARTICIPANT NAMES			
NOTES			
To be completed by IPI Coordinator at MDH			
Date Reviewed:		IPI Coordinator Signature:	