

# MnVFC Vaccine Restitution Appeal Form

To file a vaccine restitution appeal; complete this form or prepare a document that includes the following information:

1. A detailed explanation of the circumstances surrounding the vaccine wastage, with attachments as needed.
2. Proof that a situation resulting in the waste of vaccine was not due to negligence.
3. Signature of your medical director if you are a private practice facility or of your local health director if you are a public health department.
4. A copy of the letter from the Minnesota Vaccines for Children (MnVFC) program informing you that restitution was needed.

Return the form by email to the MnVFC program at [health.mnvfc@state.mn.us](mailto:health.mnvfc@state.mn.us).

## Facility information

MnVFC facility name:

Facility address:

MnVFC PIN number:

Contact name (first, last):

Contact phone number:

**We believe we should not be held responsible for the vaccine and request reconsideration for the following reason(s).**

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Signature of medical director or local health director

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Date (mm/dd/yyyy)

## For program use only

Decision rendered on (mm/dd/yyyy):

Decision rendered by:

Facility responsible:

Facility not responsible:

Date notified (mm/dd/yyyy):