

Protect Your Vaccines: Check Temperatures TWICE a day!

Month / Year: _____

Instructions: Place an "X" in the box that corresponds with the temperature reading from your thermometer. The shaded areas represent unacceptable temperature ranges. If the temperature recorded is in the shaded zone: 1. **Store the vaccine** under proper conditions as quickly as possible, 2. **Call the vaccine manufacturer(s)** to determine whether the potency of the vaccine has been affected, 3. **Call your Vaccines for Children office** for further assistance: 210-207-2860.

VFC Code: _____

Facility Name: _____

Day of Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Exact Time																
Temperature C°	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
≥11°	Take corrective action if temperature is in the shaded section!															
10°																
9°																
8°																
7°																
6°																
5°																
4°																
3°																
2°																
1°	Take corrective action if temperature is in the shaded section!															
0°																
≤-1°																
≥-12°	Take corrective action if temperature is in the shaded section!															
-13°																
-14°																
-15°																
-16°																
-17°																
-18°																
-19°																
≤-20°																
Room Temp																
Staff Initials																

*Return the completed form to the San Antonio Metropolitan Health District - Vaccines For Children Program: 332 W. Commerce, Ste 108 - Telephone:(210) 207-2860 - Fax: (210) 207-2867



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Day of Month	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
Exact Time																
Temperature C°	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
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