

Signature page

By signing below, I certify that I have read the 2027 MnVFC Policies and Procedures Manual and have completed the annual online training (print certificates of completion).

Name	Signature	Title	Date
Vaccine Coordinator*:			
Backup Vaccine Coordinator*:			
Others†:			

*Definitions of vaccine coordinator and backup vaccine coordinator can be found in the How to be Accountable in the MnVFC Program section.

Vaccine coordinator and backup vaccine coordinator are required to read the manual and view the annual online training.

†Optional: Staff whose work relates to immunizations (e.g., the front desk staff who receive immunization shipments and staff giving immunizations).