



VACCINE STORAGE AND HANDLING QUIZ

Provider/Hospital Name: _____

Your Name: _____ Position: _____
(Please Print)

After watching the training videos on the website, please answer the following questions:
You must answer all 5 questions correctly in order to be certified.

1. Name one of the "6 Basic Rules for Vaccine Storage and Handling" as instructed in the video, "How To Protect Your Vaccine Supply".

2. What is the recommended temperature range to be maintained for the storage of vaccines?

Refrigerator: _____ Freezer: _____

3. What should be done when the temperature is marked out of range?

4. Name 2 of the common errors identified in the video "Top 10 Vaccine Storage and Handling Errors".

5. Which vaccines should be protected from light?

I certify that I have watched the training videos, "How to Protect Your Vaccine Supply" and "Top 10 Vaccine Storage and Handling Errors."

Your Signature: _____ Date: _____

Please fax this form to the Utah Immunization Program, at (801) 538-9440