**Vaccine Storage and Handling Follow-up Evaluation**

You are receiving this letter/call because you attended a KSRE vaccine storage and handling program.

Please indicate which of the following apply regarding changes made in vaccine handling since attending that meeting.

\_\_\_\_\_\_\_\_\_Keep a thermometer in the refrigerator that holds the vaccines

\_\_\_\_\_\_\_\_\_Monitor a thermometer in the refrigerator that holds vaccines (weekly at a minimum)

\_\_\_\_\_\_\_\_\_Prevent vaccines from directly contacting ice packs

\_\_\_\_\_\_\_\_\_Take steps to ensure vaccine is maintained at the proper temperature chute-side.

\_\_\_\_\_\_\_\_\_Take steps to ensure vaccine is protected from direct sunlight chute-side

\_\_\_\_\_\_\_\_\_I have changed the way syringes are cleaned

\_\_\_\_\_\_\_\_\_I was doing all those things before the meeting

\_\_\_\_\_\_\_\_\_I have made no changes