



## 2017 Vaccination Quality Improvement Activity (QIA) Attestation Form

Facility Name: \_\_\_\_\_

CCN: \_\_\_\_\_

Please have staff review the Centers for Disease Control and Prevention (CDC) recommendations for hepatitis B vaccinations (HBVs) and pneumococcal vaccinations (PPVs) before printing their name and signing below:

Print Name	Signature

Once completed, fax or email this form to Bonnie Grasso.  
Fax: 813.354.1514      Email: [BGrasso@nw7.esrd.net](mailto:BGrasso@nw7.esrd.net)

**\*\*Do not send any patient sensitive information (patient names/initials, SSNs, DOBs).\*\***