

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

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