



METROPOLITAN HEALTH DISTRICT

Immunization Program

Resource Table, Educational Presentation & Immunization Clinic Request Form

Organization/Agency: _____

Contact Name: _____ Contact Number: _____

Contact email: _____

Event Name: _____

Event Date: _____ Event Times: _____

Event Location: _____

Address:

City:

Zip:

Resources/Services requesting (check all that apply): <input type="checkbox"/> Resource Table <input type="checkbox"/> Educational Presentation <input type="checkbox"/> Immunization Clinic	
Is this your first request for this location?	_____ YES _____ NO
What is the expected number of participants and age group to be targeted for this event?	
Is this event: <input type="checkbox"/> private <input type="checkbox"/> public	
Are you planning on advertising the event?	_____ YES _____ NO
Will your event be: <input type="checkbox"/> outdoor* <input type="checkbox"/> indoor	
<small>*if outdoor, there should be a contingency plan for indoor use.</small>	
Will parking and/or drop off zone be allotted for staff working the event?	_____ YES _____ NO

Submitted by: _____ Date Submitted: _____

Please email completed request form to: ImmunizationOutreach@sanantonio.gov

Note: Our team will follow up to assess the location and obtain details on expectations before we can commit to bring vaccines, medical supplies, equipment and use our administrative and medical staffing. When providing immunizations at events, Metro Health requires a close estimate of expected attendance from the host agency to ensure appropriate staffing levels and supplies are available for administering vaccinations at the event. Metro Health asks that attendees are notified to bring their immunization records to expedite the process to assess whether they need immunizations being offered. In some instances, Metro Health will only be available to provide educational information and not administer immunizations.