



## 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 requested (check all that apply):**

☐ Resource Table    ☐ Educational Presentation    ☐ 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:**    ☐ private    ☐ public

**Are you planning on advertising the event?**

\_\_\_\_ YES    \_\_\_\_ NO

**Will your event be:**    ☐ outdoor\*    ☐ indoor

\*if outdoor, there should be a contingency plan for indoor use.

**Will a parking and/or drop-off zone be allotted for staff working the event?**

\_\_\_\_ YES    \_\_\_\_ NO

Submitted by: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Please email the completed request form to: [ImmunizationOutreach@sanantonio.gov](mailto:ImmunizationOutreach@sanantonio.gov)

**Note:** Our team will follow up to assess the location and obtain details on expectations before we can commit to bringing 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 be 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.

Office only

Notes:

Staff Initials

Date

