



**Public Health**  
Prevent. Promote. Protect.

Fairfield Department of Health  
Emergency Preparedness

## Closed POD Intake Form - Vaccine

Interview Date/Date of Completion: \_\_\_\_\_

### Facility/Agency:

Facility/Agency Name:	
Facility Address:	
Facility Phone Number:	

Number of Facilities that will receive vaccination:

	Facility 1	Facility 2	Facility 3
Name			
Address			
Phone			

### Administration:

\*Please Note: It is the facility's responsibility to ensure those administering vaccine are licensed to do so and that the license is active.

Who are you planning to treat?	
Number of Staff:	
Number of Residents/Clients (if appropriate):	
Number of Household Members (if appropriate):	
Who will be treating these individuals?	
Do you have medical personnel available?	
How are you planning to notify staff, etc?	

Will your organization or Fairfield Department of Health be entering data into the database?	
What equipment do you have to store vaccine?	
What do you have to keep vaccine temperature controlled and monitored?	
What security measures do you have in place to keep federal assets safe?	



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### Closed POD Intake Form (cont.)

	Primary Coordinator	Backup Coordinator
Name		
Title		
Phone		
Email		

	Provider Contact	
Name		
Title		
Phone		
Fax		
Email		

	Authorized person to pickup medication	Authorized person to pickup medication	Authorized person to pickup medication
Name			
Title			
Phone			
Email			

After submitting and processing, a MOU will be drafted for signature by both parties.

If you have any questions on setting up as a Closed POD or technical assistance, please contact Tiffany Nash at [tiffany.nash@fairfieldcountyohio.gov](mailto:tiffany.nash@fairfieldcountyohio.gov), 740-652-2835 (office) or 740-808-1287 (mobile).

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For FDH Staff only:

Date received:

Processed:

MOU signed:

Notes: