

# Mobile Vaccination LTCF-SNF Facility Intake Form

<b>Facility Name:</b> <input type="text"/>
<b>Facility Contact Name:</b> <input type="text"/>
<b>Facility Contact Email:</b> <input type="text"/>
<b>Facility Contact Phone Number:</b> <input type="text"/>
<b>Facility Address and Zip Code:</b> <input type="text"/>
<b>Facility Type:</b>

1. Are you currently experiencing an outbreak (3 or more staff OR 1 resident testing positive within a 14-day period)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments: <input type="text"/>	
2a. Total Number of <b>Residents</b> Needing 1st Dose?	# 1st Doses for Residents: <input type="text"/>
2b. Total Number of <b>Staff</b> Needing 1st Dose?	# 1st Doses for Staff: <input type="text"/>
3a. Total Number of <b>Residents</b> Needing 2nd Dose?	# 2nd Doses of Pfizer: <input type="text"/> # 2nd Doses of Moderna: <input type="text"/>
3b. Total Number of <b>Staff</b> Needing 2nd Dose?	# 2nd Doses of Pfizer: <input type="text"/> # 2nd Doses of Moderna: <input type="text"/>
4. How many of your residents needing vaccination are unable to be transferred out of their bed to receive the vaccine?	# Residents Requiring Bedside Vaccination: <input type="text"/>
5. Do you have a contracted pharmacy that is scheduled to come out for a vaccine clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No Dates: <input type="text"/>
6. Do you have an outdoor area (such as a parking lot, courtyard, or patio) to accommodate a vaccine clinic?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure
Comments: <input type="text"/>	

For more information, email [CovidVaxPrepare@phd.sccgov.org](mailto:CovidVaxPrepare@phd.sccgov.org) or call (408) 970-2950.