

COVID-19 Vaccination Organization /Agency Interest Form
Fax completed form to: Public Health at 503-842-3983 or
Email completed form to: tcchc@co.tillamook.or.us

Agency Name:	Date:
Contact Person:	
Contact Phone:	Contact email:
Total employee count: _____ Total employees requesting vaccination: _____	

Agencies and Organizations are eligible under the following Phase 1 group (check one):

This form is not for individual use. Please check with your organization or agency prior to completing.

- Group 1:** hospitals; urgent care; skilled nursing and memory care facility HCP and residents; tribal health programs; EMS providers and other first responders (*specify*) _____
- Group 2:** other LTCFs and congregate care sites including HCP and residents; hospice programs; mobile crisis care and related services; secure transport; individuals working in a correctional setting
- Group 3:** outpatient settings serving specific high-risk groups; in home care; day treatment services; non-emergency medical transport (NEMT)
- Group 4:** all other outpatient; public health and early learning sites; death care workers
- Group 5:** School Staff

(optional) **List individuals in your organization/ agency who have expressed interest in receiving the COVID-19 vaccination.**

Name, Optional (<i>type or print</i>)	Name, Optional (<i>type or print</i>)
1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

**This list will be used for vaccine planning and coordination purposes only. Additional information will be communicated with the agency contact person as vaccines become available to each group.*