

DE COVID-19 Vaccination form for outpatient practices seeking vaccination Hubs (Phase 1A)

Date:		
Point of Contact Name:	Title:	
Organization/Site:		
Organization/Site:		
Phone #:	Mobile #:	Fax #:
Email Address:		

Vaccination planning information

How many staff members want vaccinations?
Any special timing needs or other constraints?
Do you acknowledge that your staff will need to receive both the 1 st and 2 nd doses at this Hub? (note: Pfizer – 21 days, Moderna – 28 days)

Email completed form to VaccinePlanning@delaware.gov