

**2015 Statewide Medical Health Exercise (Alameda County)
Information Request Form**

GENERAL MESSAGE		
TO:		
FROM:	POSITION:	
SUBJECT Vaccination Rates collected between	DATE:	TIME:
MESSAGE: This is an Exercise		
1) Primary Facility Name:		2) Primary Facility Type:
3) Number of facilities vaccinated:		
3a) Total Staff population, if known:		
4) # of vaccinations given:		
5) # of vaccination declinations:		
6) # of People Sent to Medical Consultation:		
7) Any Unusual Events?		
6) If this is your final report, Do you have any unused medicine or supplies that need to be returned to Public Health?		
SIGNATURE:		POSITION:
REPLY:		
DATE:	TIME:	SIGNATURE/POSITION:



Please complete and submit to pheppsc@acgov.org
or to the Public Health DOC fax number: **510-273-3706**