



Immunization Program

Resource Table, Educational Presentation, & Immunization Clinic Request Form

Contact Name: _____ **Organization/Agency:** _____

Event Name: _____ **Contact Number:** _____

Date of Request: _____ **Event Time:** _____ **Event Date:** _____

Event Location: _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

What service are you requesting? (Resource Table, Educational Presentation, or Immunization Clinic)	
Is this your first time doing this event? If not, how was turnout in the past?	_____ YES _____ NO
What is the expected number, age group, and socioeconomic status of anticipated attendees?	
Are you planning on advertising the event? If so, how? (If flyer is available, attach in email)	_____ YES _____ NO
Will we be located indoors or outdoors? (If requesting an immunization clinic, we MUST be indoors due to temperature regulation of vaccines)	
If requested, would you be able to provide a walkthrough of facility? How soon would a walkthrough be available?	_____ YES _____ NO
Will equipment be provided or do we need to bring it? (i.e. canopy, table, chairs) Note equipment here:	
Will parking and/or drop off zone be allotted for staff working the event?	_____ YES _____ NO
By when do you need a FINAL RSVP?	

Completed by: _____ **Date:** _____

Please email completed request form to Sarah Williams:
 (210-207-6917) Sarah.Williams@sanantonio.gov

Note: When providing immunizations at events such as this, we try to ensure that there will be sufficient attendance and that they know to bring their immunization records so that we are able to assess whether they need immunizations. Though we would like to provide immunizations, sometimes we are only able to do assessments and provide information. We attempt to assess what to expect at the event before we commit to bring vaccines, medical supplies, equipment and use our administrative and medical staffing.