



# Healthcare Provider H1N1 Vaccine Pickup Request Form

**FAX COMPLETED FORM TO 216-676-1319    ATTN: Romona**

The Cuyahoga County Board of Health (CCBH) can reallocate excess vaccine from providers. A CCBH representative will pick up the vaccine from your location. If you have received a vaccine type you cannot utilize, CCBH can ATTEMPT to reallocate a different type of vaccine to you. Reallocation will be based on our vaccine supply. You may still receive vaccine directly from the distributor via the Ohio Department of Health.

Date: \_\_\_\_\_

Provider/Medical Director: \_\_\_\_\_

Practice Location: \_\_\_\_\_  
\_\_\_\_\_

Practice Contact: \_\_\_\_\_

Phone number: \_\_\_\_\_ Fax number: \_\_\_\_\_

Email Contact: \_\_\_\_\_

Number of Providers in the practice: \_\_\_\_\_

## Pickup Vaccine

Type of H1N1 Vaccine	Amount of DOSES
Nasal Mist	
Pediatric pre-filled syringe Preservative free .25mL	
Multidose Vial	
Prefilled syringe	

## Requested Exchange (if applicable)

Type of H1N1 Vaccine	REQUESTED exchange vaccine
Nasal Mist	
Pediatric pre-filled syringe Preservative free .25mL	
Multidose Vial	
Prefilled Syringe	