



Public Health  
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Northeast Ohio Public Health Partnership



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# Healthcare Provider H1N1 Vaccine Request

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

The Cuyahoga County Board of Health may be able to reallocate some of our vaccine supply to healthcare providers. Requests are being accepted from Vaccine for Children providers and pre-registered providers with the Ohio Department of Health and providers inspected by the Cuyahoga County Board of Health. Reallocation is based on vaccine supply. Completion of this form does not ensure your practice will receive vaccine from the local health department. You may still receive vaccine directly from the distributor via the Ohio Department of Health. **One form should be completed for the entire practice.**

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

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

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

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

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

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

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

Patient Population Estimate	
Number	
	Healthcare workers with direct patient contact
	Children 6 mos– 4 years of age
	Children 5-18 years of age
	Adults 19-24 years of age
	Adults 25-64 years of age with chronic health conditions
	Adults >65 years of age
	Pregnant Women

Eligible Audience	Type of H1N1 Vaccine	Requested Amount of DOSES
2-49 years old Healthy Not Pregnant	Nasal Mist	
6-35 months	Pediatric pre-filled syringe Preservative free .25mL	
≥ 6 mos	Multidose Vial	
≥ 6 mos	Prefilled syringe	
≥4 years old	Multidose Vial	
≥4 years old	Prefilled syringe	