



Push Partner Activation Status Form

SAMPLE

INSTRUCTIONS: Please complete this form even if you do NOT wish to participate at this time. Prior to completing this form, read the Push Partner Procedures listed on page 2 of your Push Partner Registry Enrollment Form to review your Push Partner obligations.

Fax Form To: 616-632-7083

Date _____

Clinic Information:

Clinic Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Push Partner Coordinator

Name: _____ Phone _____

After hours phone/pager _____ Fax number _____

E-mail _____

1. Will your clinic participate in the current Push Partner vaccinations? Yes No

If NO, you do not need to complete the remainder of this form.

2. Indicate the number of people in each group listed below that you will vaccinate. You must comply with the prioritization guidance from U.S. Dept of Health and Human.

Front-line inpatient and hospital-based health care workers _____

Front-line outpatient health care providers _____

Etc....

3. Provide the names and contact information of persons authorized to pick up vaccine (i.e. courier) and supplies on your behalf.

Primary courier: Name: _____ Phone _____

After hours phone/pager _____

Back-up courier: Name: _____ Phone _____

After hours phone/pager _____

For questions, call Dayna Porter, Emergency Preparedness Coordinator, at 616-632-7168.