



General State-Funded Influenza Vaccine Program Interest Form, 2020-2021

Seasonal influenza vaccine is distributed by the California Department of Public Health (CDPH) to local health departments (LHD), including the County of San Diego Immunization Program, for use by public health centers and community providers in accordance with LHD policies and procedures. Approved public health centers and community providers can receive and administer these state-funded seasonal influenza vaccines at no cost.

Storage and Handling Requirements:

1. Approved stand-alone refrigeration unit used solely for vaccine storage (see <http://eziz.org/vaccine-storage/> for examples of acceptable storage units).
2. Temperature monitoring twice daily using a CDPH approved digital data logger (see <http://eziz.org/vaccinestorage/digital-data-loggers/> for examples of acceptable digital data loggers)
 - a. A backup data logger is also required
3. Reporting of all out-of-range temperatures to the San Diego Immunization Program

If your facility is interested in receiving General State Funded Seasonal Influenza Vaccine please complete and return this form to hhsa.countyfluvaccine@sdcounty.ca.gov. Once your organization's eligibility has been determined, you will receive an Agreement for Use and a list of supplemental enrollment information to be returned. If you have any questions, please call 619-692-5738.

All form fields are required.

Organization _____

Main Point of Contact _____

Title _____

Phone _____

Email _____

Type of organization: FQHC 501(c)(3) Organization Student Health Center

Estimated number of vaccines needed _____ for my facility entire organization

Complete page 2 for each participating site within your organization.

Please note the following:

1. Each participating site within an organization is required to sign and return an *Agreement for Use of CDPH Purchased Influenza Vaccine*. Facility Medical Director or Designee will be responsible for signing the *Agreement for Use* for that site.
2. The listed Vaccine Coordinator and Backup Vaccine Coordinator from each site are required to complete the Annual State Flu Vaccine Requirements Training and submit annual EZIZ online training completion certificates.

Complete the information below for each participating site in your organization. All fields are required.

Site name: _____ VFC PIN: _____
Site address: _____
Does this site administer vaccines at a location other than this address? Yes No
Site phone: _____
Vaccine Coordinator name: _____
Vaccine Coordinator phone: _____ Ext. _____
Vaccine Coordinator email: _____
Backup Vaccine Coordinator name: _____
Backup Vaccine Coordinator phone: _____ Ext. _____
Backup Vaccine Coordinator email: _____
Clinic Manager name: _____
Clinic Manager phone: _____ Ext. _____
Clinic Manager email: _____
Site Medical Director/designee name: _____
Site Medical Director/designee email: _____

Site name: _____ VFC PIN: _____
Site address: _____
Does this site administer vaccines at a location other than this address? Yes No
Site phone: _____
Vaccine Coordinator name: _____
Vaccine Coordinator phone: _____ Ext. _____
Vaccine Coordinator email: _____
Backup Vaccine Coordinator name: _____
Backup Vaccine Coordinator phone: _____ Ext. _____
Backup Vaccine Coordinator email: _____
Clinic Manager name: _____
Clinic Manager phone: _____ Ext. _____
Clinic Manager email: _____
Site Medical Director/designee name: _____
Site Medical Director/designee email: _____