

Section B. CDC COVID-19 Vaccination Program Provider Profile Information

Please complete and sign this form for your Organization location. If you are enrolling on behalf of one or more other affiliated Organization vaccination locations, complete and sign this form for each location. Each individual Organization vaccination location must adhere to the requirements listed in Section A.

Organization identification for individual locations

Organization location name:

Will another Organization location order COVID-19 vaccine for this site?

If YES; provide Organization name:

Contact information for location's primary COVID-19 vaccine coordinator

Last name:

First name:

Middle initial:

Telephone:

Email:

Contact information for location's backup COVID-19 vaccine coordinator

Last name:

First name:

Middle initial:

Telephone:

Email:

Organization location address for receipt of COVID-19 vaccine shipments

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Telephone:

Fax:

Organization address of location where COVID-19 vaccine will be administered

(if different from receiving location)

Street address 1:

Street address 2:

City:

County:

State:

ZIP:

Telephone:

Fax:

Days and times vaccine coordinators are available for receipt of COVID-19 vaccine shipments

	Monday	Tuesday	Wednesday	Thursday	Friday
AM:		AM:	AM:	AM:	AM:
PM:		PM:	PM:	PM:	PM:

For official use only:

VTrckS ID for this location, if applicable:

Vaccines for Children (VFC) PIN, if applicable:

IIS ID, if applicable:

Unique COVID-19 Organization ID (from Section A):

Unique Location ID**:

**The jurisdiction's immunization program is required to create an additional unique Location ID for each location completing Section B. The number should include the awardee jurisdiction abbreviation. For example, if an organization (Section A) in Georgia (e.g., GA123456A) has three locations (main location plus two additional) completing section B, they could be numbered as GA123456B1, GA123456B2, and GA123456B3).

COVID-19 vaccination provider type for this location *(select one)*

- | | |
|--|--|
| <input type="checkbox"/> Commercial vaccination service provider | <input type="checkbox"/> Medical practice – other specialty |
| <input type="checkbox"/> Corrections/detention health services | <input type="checkbox"/> Pharmacy – chain |
| <input type="checkbox"/> Health center – community (non-Federally Qualified Health Center/
non-Rural Health Clinic) | <input type="checkbox"/> Pharmacy – independent |
| <input type="checkbox"/> Health center – migrant or refugee | <input type="checkbox"/> Public health provider – public health clinic |
| <input type="checkbox"/> Health center – occupational | <input type="checkbox"/> Public health provider – Federally Qualified Health Center |
| <input type="checkbox"/> Health center – STD/HIV clinic | <input type="checkbox"/> Public health provider – Rural Health Clinic |
| <input type="checkbox"/> Health center – student | <input type="checkbox"/> Long-term care – nursing home, skilled nursing facility, federally
certified |
| <input type="checkbox"/> Home health care provider | <input type="checkbox"/> Long-term care – nursing home, skilled nursing facility, non-federally
certified |
| <input type="checkbox"/> Hospital | <input type="checkbox"/> Long-term care – assisted living |
| <input type="checkbox"/> Indian Health Service | <input type="checkbox"/> Long-term care – intellectual or developmental disability |
| <input type="checkbox"/> Tribal health | <input type="checkbox"/> Long-term care – combination (e.g., assisted living and nursing home
in same facility) |
| <input type="checkbox"/> Medical practice – family medicine | <input type="checkbox"/> Urgent care |
| <input type="checkbox"/> Medical practice – pediatrics | <input type="checkbox"/> Other <i>(Specify: _____)</i> |
| <input type="checkbox"/> Medical practice – internal medicine | |
| <input type="checkbox"/> Medical practice – OB/GYN | |

Setting(s) where this location will administer COVID-19 vaccine *(select all that apply)*

- | | |
|---|--|
| Child care or day care facility | Pharmacy |
| College, technical school, or university | Public health clinic (e.g., local health department) |
| Community center | School (K – grade 12) |
| Correctional/detention facility | Shelter |
| Health care provider office, health center, medical practice, or
outpatient clinic | Temporary or off-site vaccination clinic – point of dispensing (POD) |
| Hospital (i.e., inpatient facility) | Temporary location – mobile clinic |
| In home | Urgent care facility |
| Long-term care facility (e.g., nursing home, assisted living,
independent living, skilled nursing) | Workplace |
| | Other <i>(Specify: _____)</i> |

Approximate number of patients/clients routinely served by this location

Number of children 18 years of age and younger:	<i>(Enter "0" if the location does not serve this age group.)</i>	Unknown
Number of adults 19 – 64 years of age:	<i>(Enter "0" if the location does not serve this age group.)</i>	Unknown
Number of adults 65 years of age and older:	<i>(Enter "0" if the location does not serve this age group.)</i>	Unknown
Number of unique patients/clients seen per week on average:		Unknown
Not applicable (e.g., for commercial vaccination service providers)		

Influenza vaccination capacity for this location

Number of influenza vaccine doses administered during the peak week of the 2019–20 influenza season:	Unknown
<i>(Enter "0" if no influenza vaccine doses were administered by this location in 2019-20.)</i>	

Population(s) served by this location (select all that apply)

- General pediatric population
- General adult population
- Adults 65 years of age and older
- Long-term care facility residents (nursing home, assisted living, or independent living facility)
- Health care workers
- Critical infrastructure/essential workers (e.g., education, law enforcement, food/agricultural workers, fire services)
- Military – active duty/reserves
- Military – veteran
- People experiencing homelessness
- Pregnant women
- Racial and ethnic minority groups
- Tribal communities
- People who are incarcerated/detained
- People living in rural communities
- People who are underinsured or uninsured
- People with disabilities
- People with underlying medical conditions* that are risk factors for severe COVID-19 illness
- Other people at higher risk for COVID-19 (Specify: _____)

Does your organization currently report vaccine administration data to the state, local, or territorial immunization information system (IIS)?

If **YES** [List IIS Identifier: _____]

If **NOT**, please explain planned method for reporting vaccine administration data to the jurisdiction's IIS or other designated system as required:

If **NOT APPLICABLE**, please explain:

Estimated number of 10-dose multidose vials (MDVs) your location is able to store during peak vaccination periods (e.g., during back-to-school or influenza season) at the following temperatures:

- Refrigerated (2°C to 8°C): No capacity **OR** Approximately _____ additional 10-dose MDVs
- Frozen (-15°C to -25°C): No capacity **OR** Approximately _____ additional 10-dose MDVs
- Ultra-frozen (-60°C to -80°C): No capacity **OR** Approximately _____ additional 10-dose MDVs

Storage unit details for this location

List brand/model/type of storage units to be used for storing COVID-19 vaccine at this location:

1. _____
2. _____
3. _____
4. _____
5. _____

I attest that each unit listed will maintain the appropriate temperature range indicated above (*please sign and date*):

Medical/pharmacy director or location's vaccine coordinator signature:

Date:

