



**Oneida Community Health Department**

**COVID Vaccine Clinic Request Form**

Form should be submitted 2 weeks prior to the date requested. Please send to [Dsantia1@oneidanation.org](mailto:Dsantia1@oneidanation.org)

**Requester Contact Information**

Name: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_

A. Location address: \_\_\_\_\_

B. Requested Date: \_\_\_\_\_ Alternative Date: \_\_\_\_\_

C. Requested Clinic Time: (check one)

a.  2 hrs  3 hrs  4 hrs Other: (specify) \_\_\_\_\_

b. Morning or afternoon preference: \_\_\_\_\_

D. WI-FI available: \_\_\_\_\_

E. Vaccine Interest: (check one)

a.  ALL ages (6mos and up)  ADULT only (12 yrs +)

F. How many Individuals are you expecting? \_\_\_\_\_

G. Are there co-current events running at the time requested? \_\_\_\_\_

H. Is set-up Indoors or outdoors: \_\_\_\_\_

I. Are chairs/tables provided:  Yes  No

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Received By: \_\_\_\_\_ Date: \_\_\_\_\_ Contacted Requester: \_\_\_\_\_

Mailing Address: P.O. Box 365, Oneida, WI 54155  
<https://oneida-nsn.gov/resources/health/>