



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

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/>