

SHOC Resource Form for Vaccine Events		Requesting Agency Contact Information	
Date:	Time:	Event:	
Requestor's Name:		Title:	
Requestor's Organization:			
Phone #:	Mobile #:	Fax #:	
Email Address:			
Vaccination Distribution Information			
Vaccination Plan In-Place: <input type="checkbox"/> Yes <input type="checkbox"/> No		Implement Plan Within 5 days: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Ability to Vaccinate In-House: <input type="checkbox"/> Yes <input type="checkbox"/> No		Partnered w/Provider Vaccination: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Vaccine Storage Refrigerator: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccine Storage Freezer: Regular Ultra-Cold No		
Details of Vaccination Event (include vaccination date and time, allocation group, # to be vaccinated.)			
Requested Doses:		**There is no guarantee that all requested doses will be allocated.	
<p style="text-align: center;">Ancillary Supply Kit will be included in vaccine shipment.</p> <p>**NOTE** If additional PPE is needed Fill out SHOC Resource Request Form</p>			

Are Educational Materials needed: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, list request by specific Language and Quantity: (i.e.... English 20, Spanish 30, Haitian 40 etc....)	
Vaccine Dose Information	
Vaccine Dose 1st: <input type="checkbox"/> Yes <input type="checkbox"/> No DATE:	Vaccine Dose 2nd: <input type="checkbox"/> Yes <input type="checkbox"/> No DATE:
DelVAX: <input type="checkbox"/> Yes <input type="checkbox"/> No	Allocation Group:
Vaccine Storage Refrigerator: <input type="checkbox"/> Yes <input type="checkbox"/> No	Vaccine Storage Freezer: Regular Ultra-Cold No
Delivery Site Information	
Delivery Address (include facility name, street, city, state and zip):	Drop Off Time:
Delivery Site POC (Point of Contact):	Email:
POC 24-hour Phone #:	POC Mobile #: POC Fax #:
Additional Information or Comments:	
POD Type/Method: Open Closed Drive-thru Walk-up Other	
Remainder of Document Internal Processing	
Verification	
Vaccine Dose 1st: <input type="checkbox"/> Yes <input type="checkbox"/> No DATE:	Vaccine Dose 2nd: <input type="checkbox"/> Yes <input type="checkbox"/> No DATE:
DelVAX: <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes/Direct Ship/If No/SHOC Logistics)	Allocation Group:
Direct Ship: <input type="checkbox"/> Yes <input type="checkbox"/> No	SHOC Logistics: <input type="checkbox"/> Yes <input type="checkbox"/> No
Ability to fill request/Allocation Group	
<input type="checkbox"/> In entirety <input type="checkbox"/> Partially <input type="checkbox"/> Pending <input type="checkbox"/> Redirected <input type="checkbox"/> Other	
Comments (why partial pending, redirected or other)	
Send to DelVAX or SHOC Logistics for action	
Received by:	
Vaccine Unit Director Recommendation:	Date and Time:
Vaccine Unit Director Signature:	

If Submit Form button does not work, please email completed form to: **OEMS@Delaware.gov**