2013 SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
HEPATITIS VACCINE PROGRAM UPDATE FORM (FOR EXISTING PARTICIPANTS)

Please complete and return by February 1, 2013 to: SFDPH/CDPU, 101 Grove Street, Room 408
San Francisco, CA 94102 or fax to (415) 554-2579

1. Organization Name: _____

2. Is your organization non-profit or for-profit? _____

3. Population (#) directly served by your organization:
   Total # _____

   Approximate % of your clients who are: Male _____ Female _____ Transgender _____

   Men who have sex with men _____ Persons who use street drugs _____

   People with recently diagnosed sexually transmitted disease _____

   People with more than one sex partner in a 6 month period _____

   From areas where chronic HBV is considered endemic (>8% infection rate) _____
   (These areas include Asia, Pacific Islands, Middle East, Eastern Europe and Russia, Sub-Sahara Africa, Amazon Basin, Caribbean, and indigenous populations of Alaska and Canada)

   People who are uninsured (please include Healthy SF Clients)? _____%

4.

	Adult Hep A	Adult Hep B	Combined Hep A & B
Total # of doses you are requesting from SFDPH/CDPU for 02/01/13 – 01/31/14			
Total # of doses you intend to secure from sources other than SFDPH/CDPU for 02/01/13-01/31/14 (this will not affect your allocation)			

5. Do you have a back-up plan for a power shortage or outage? Yes No

6. Does your organization do serologic testing for: hepatitis A? Yes No
   hepatitis B? Yes No
   hepatitis C? Yes No

Person responsible for coordinating your organization's hepatitis program, meeting all terms of agreement with SFDPH/CDPU, and signing all documents submitted to SFDPH/CDPU:

Name and Title: _____

Signature: _____

Phone ( ) _____ ext. _____ Fax( )_____

Email: _____
All program updates will be sent via email; please provide an email address

Mailing address

_____
Street *City* *Zip*

In the event that the person listed above is not available, the person named below will assume full responsibility for meeting all terms of agreement with SFDPH/CDPU and sign all documents submitted to SFDPH/CDPU:

Name and Title: _____Signature: _____

Phone ( ) _____ ext. _____Email:_____

Complete and Return by Friday, February 1, 2013.