2018 SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
State-Purchased Tdap VACCINE APPLICATION

Please complete and return by Friday, January 26, 2018 to: SFDPH/CDPU, 101 Grove Street, Room 406, 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 # _____
   % population in prenatal care _____ %
   % population uninsured (please include Healthy SF Clients)? _____%

4. Total # of doses you are requesting from SFDPH/CDPU for 2018: _____

   Total # of doses you intend to secure from sources other than SFDPH/CDPU during 2018 (this will not affect your allocation) _____

5. Please indicate which type of refrigerator you use for vaccine storage:
   - ☐ Full-size, household-style, stand-alone refrigerator
   - ☐ Full-size, household-style unit with separate refrigerator and freezer compartments
   - ☐ Full size, biologic/pharmaceutical grade, stand-alone refrigerator
   - ☐ Full size, biologic/pharmaceutical grade, refrigerator-freezer combo unit
   - ☐ Under-the-counter, biologic/pharmaceutical grade, stand-alone refrigerator
   - ☐ Under-the-counter, biologic/pharmaceutical grade, refrigerator-freezer combo unit
   - ☐ Dormitory style unit with refrigerator and freezer compartments that share one external door *

6. Do you have a data logger with a glycol probe, MIN/MAX setting, and alarm? Yes No
   Do you have a back-up digital thermometer with a glycol probe, MIN/MAX setting, and alarm? Yes No

   Please provide the calibration dates for each device (refer to calibration certificate or sticker on thermometer):
   Data logger calibration due date: _____
   Back-up digital thermometer calibration due date: _____

7. Do you record refrigerator temperatures twice daily, and always respond immediately to out-of-range temperatures?
   Yes No

8. Do you have back-up vaccine storage location you can easily access in the event of an emergency or power outage?
   Yes No

** Dormitory style units are no longer acceptable for vaccine storage. Please contact the SFDPH IZ program directly if you are unsure about your unit's suitability for vaccine storage.*

Vaccine Coordinator Name: _____

Title: _____

Signature: _____

Phone ( ) _____ ext. _____

Fax ( ) _____ Email: _____

Mailing address

_____

Street *City* *zip*

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

Back-Up Vaccine Coordinator #1: _____

Title: _____

Signature: _____

Phone ( ) _____ ext. _____

Fax ( ) _____ Email: _____

Back-Up Vaccine Coordinator #2: _____

Title: _____

Signature: _____

Phone ( ) _____ ext. _____

Fax ( ) _____ Email: _____

Medical Director: _____

Signature: _____

Phone ( ) _____ ext. _____

Fax ( ) _____ Email: _____

License #: _____

Thank You

Complete and Return by Friday, January 26, 2018

SFDPH/CDPU ▪ 101 Grove Street, Room 408 ▪ San Francisco ▪ CA ▪ 94102 ▪ Phone (415)554-2830 ▪ Fax (415)554-2579