

Persons aged 25 through 64 years who have
medical conditions associated with higher risk
for flu-related complications _____

C. Storage equipment

Does your office have a vaccine storage refrigerator with a separate freezer door? Yes _____ No _____

Refrigerator Type: (✓ one): Household Commercial

Dorm-style units are not acceptable for vaccine storage

Does your office have a certified thermometer for each refrigeration unit? Yes _____ No _____

D. Type of Vaccine Provider: (✓ one only)

- | | |
|---|--|
| <input type="checkbox"/> Public Health Department (10) | <input type="checkbox"/> Public Hospital (12) |
| <input type="checkbox"/> Federally Qualified Health Center
or Rural Health Center (15) | <input type="checkbox"/> Private Hospital (22) |
| <input type="checkbox"/> Physician's Solo Practice (20) | <input type="checkbox"/> Other Public (16) |
| <input type="checkbox"/> Physician's Group Practice (20) | <input type="checkbox"/> Other Private (mass vaccination or retail
companies (24) |

E. Practice Specialty:

- | | |
|--|--|
| <input type="checkbox"/> Pediatrics (Ped) | <input type="checkbox"/> Family Practice (FP) |
| <input type="checkbox"/> General Practice (GP) | <input type="checkbox"/> Internal Medicine (IM) |
| <input type="checkbox"/> Hospital (HOSP) | <input type="checkbox"/> Multi-Specialty (Mult) |
| <input type="checkbox"/> YDC | <input type="checkbox"/> Not Applicable – mass vaccination or retail setting |

Please fax completed registration form to: (404) 335 -9966. If you have questions or need additional information, please contact Kimberly Mallard at (404) 730 -1008.