**Vaccination of Critical Workforce**

Form Approved

OMB Approval No. 0920-xxxx

Expiration Date: xx/xx/xxxx

FE, FSE, or incident

a. Type of vaccine administered (pandemic influenza, seasonal influenza, novel coronavirus, other)

b. Method of vaccine administered (vaccinated, simulated, hybrid)

c. Participating CWG

d. Participating staff vaccinated

e. SMEs involved (select all that apply)

f. SME role

g. Method of notification of targeted CWG

h. Communication platforms used for staff notification

i. Call notification process