**Vaccination of Critical Workforce POD/DVC**

Form Approved

OMB Approval No. 0920-xxxx

Expiration Date: xx/xx/xxxx

POD/DVC setup

a. Name of POD/DVC

b. Setup start date and time

c. Setup end date and time

d. Best practices evidence (Yes/No, upload “Checklist of Best Practices for Vaccination Clinics”)