

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