

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”)