

Flu vaccine workers questionnaire

Complete if you might be available to assist with providing vaccinations. Workers are needed to provide directions, fill out forms, enter online data, and administer shots.

Name & Address: _____

Date of birth: _____

Phone / email contact information: _____

Do you have any medical experience? Yes____ No____

If yes, what level?

I'm a doctor/nurse _____

I'm studying to be a doctor/nurse _____

I'm a Paramedic _____

I'm an EMT _____

I've worked in a setting where I carried out some health care procedures, under supervision (elder care, day care, etc.) _____

Other (describe):

Do you have data entry experience? Yes ____ No ____

My normal work schedule is:

Have you been convicted of a felony, or are you a registered sex offender?

Yes_____

No_____

Send completed form to: ccpanflu@gmail.com

Or: Dave McDowell
Director, Carroll County EMA
101 W. Main St., Room 1-B
Delphi, IN 46923

Questions? Call (765) 564-0028

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