

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

E-MAIL

PHONE

Date of Birth

Do you have medical experience?

_____ YES

_____ NO

If yes, what level?

_____ I'm a Dr/Nurse

_____ I'm studying to be a Dr/Nurse

_____ I'm a paramedic

_____ I'm an EMT

_____ I've worked in a setting where I carried out some health care procedures.

_____ Other (describe) _____

Do you have data experience?

_____ Yes

_____ No

Have you been convicted of a felony?

_____ Yes

_____ No

Are you a registered sex offender?

_____ Yes

_____ No

What is your normal work schedule? _____

Send completed form to: ccpanflu@gmail.com

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