

**CHICAGO DEPARTMENT OF PUBLIC HEALTH  
IMMUNIZATION PROGRAM**

**CAREVAN (Immunization Services) REQUEST FORM**

✍ **PLEASE FILL OUT (1) REQUEST FORM FOR EACH EVENT:**  
**Must Answer All Questions-PLEASE PRINT OR TYPE**

<b>NAME:</b>		<b>DATE:</b>	
<b>SPONSORING ORGANIZATION:</b>			
<b>MAILING ADDRESS:</b>		<b>ZIPCODE:</b>	
<b>PHONE:</b> (       )	<b>Fax:</b> (       )	<b>Email:</b>	
<b>CONTACT PERSON FOR EVENT:</b>		<b>PHONE:</b> (       )	
<b>Event Location: (Name):</b>		<b>Venue:</b> <input type="radio"/> Indoor <input type="radio"/> Outdoor <b>Type of location:</b> <input type="radio"/> Childcare <input type="radio"/> Elementary School <input type="radio"/> High School <input type="radio"/> WIC Site <input type="radio"/> Health Fair <input type="radio"/> Other	
<b>Event Address:</b>			
<b>Date of Event:</b>		<b>Event Start Time:</b>	<b>Event End Time:</b>
<b>Alternate Date(s): (1)</b>	<b>(2)</b>	<b>(3)</b>	

**To help us better prepare, please answer the following:**

1. What is the purpose of this event? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
2. Number of children expected to participate in this event: \_\_\_\_\_
3. What other agencies/organizations will be participating or are expected to attend? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MAIL OR FAX COMPLETED FORM TO:**

CareVan Coordinator  
Chicago Department of Public Health  
Immunization Program  
2160 West Ogden Avenue  
Chicago, IL 60612  
(Fax) 312/746-6388    (Phone) 312/746-6181

**\* SUBJECT TO AVAILABILITY OF REQUESTED SERVICES**

**CHICAGO DEPARTMENT OF PUBLIC HEALTH & BLUE CROSS BLUE SHIELD OF ILLINOIS**

