

**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

NAME:		DATE:
SPONSORING ORGANIZATION:		
MAILING ADDRESS:		ZIPCODE:
PHONE: ()	Fax: ()	Email:
CONTACT PERSON FOR EVENT:		PHONE (Will be made public): ()
Event Location: (Name):	Venue: Type of location:	<input type="radio"/> Indoor <input type="radio"/> Outdoor <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
Event Address:		
Date of Event:	Event Start Time:	Event End Time:
Alternate Date(s): (1)	(2)	(3)

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
Email: ChicagoCareVanCoordinator@cityofchicago.org

* SUBJECT TO AVAILABILITY OF REQUESTED SERVICES

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

