



## COVID-19 Vaccination Appointment Notification Form

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Each entity shall submit the COVID-19 Vaccination Appointment Notification Form every time appointments for vaccinations have been made and at least three (3) hours before scheduling appointments.

Please provide a response to all questions on this form. Upon completion of the COVID-19 Vaccination Appointment Notification Form, submit via email to [vaccineupdate@miamidade.gov](mailto:vaccineupdate@miamidade.gov).

If any information on the form changes once submitted, notify Miami-Dade County of the changes as soon as possible via email to [vaccineupdate@miamidade.gov](mailto:vaccineupdate@miamidade.gov).

### ENTITY INFORMATION

Date of Submission :

Entity Name :

Point of Contact Name :

Email :

Phone :

### VACCINATION APPOINTMENT INFORMATION

1) The number of appointments the entity will be accepting.

2) The type(s) of vaccine(s) to be offered.



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3) Eligibility criteria for the appointments.

4) Date(s) vaccines will be administered (*month/date/year*).

5) Location(s) where the vaccine will be administered.

6) How appointments will be accepted.