



Public Health
Prevent. Promote. Protect.

From: Kansas City, Missouri Health Department
KCHD HAN Number: KC 032-09
Date: October 6, 2009
Subject: H1N1 Vaccination Survey for Healthcare Providers – Final Request CORRECTED FAX NUMBER

Dear Provider:

Recently, the attached survey was sent to physicians in Kansas City asking for input on the potential interest in providing H1N1 vaccine to their patients.

We are resending this survey in an attempt to ensure that all providers have an opportunity to participate in this federal vaccination program.

If you are interested in giving the H1N1 vaccine to your patients and/or staff and have NOT completed this survey or the registration packet information, please do so as quickly as possible. The survey should be returned to Michelle Thomas, either by fax at **816-513-6090** or by email at michelle.thomas@kcmo.org.

If your information is not received by close of business on Friday, October 9, 2009, we will mark your facility as uninterested in participating in providing H1N1 vaccine.

If you have any questions, please contact Ms. Thomas at the email address above or by phone at 816-513-6120.

1. H1N1 Vaccine Interest Survey

1. What is/are the general patient types seen in your office? (mark all that apply)

- Pediatric
- OB/GYN
- Family practice
- Internal Medicine
- Infectious Disease
- General Medicine
- Emerg Care Type Practice
- Other (please specify)

2. Approximately how many patients does your practice serve?

- 0-99
- 100-249
- 250-499
- 500-749
- 750-999
- 1000-2499
- 2500+

3. Is your practice planning to recommend that patients receive the H1N1 vaccination?

- Yes
- No

4. Is your practice planning to offer the H1N1 vaccinations at your location?

- Yes
- No

5. Is your practice aware of the current CDC H1N1 vaccination prioritization schedule?

- Yes
- No

6. What would your practice project to be the number of patients who would want to receive the H1N1 vaccination?

- 0-99
- 100-199
- 200-299
- 300-399
- 400-499
- 500+

7. Does your practice have capacity to store and monitor vaccine that you may request?

- Yes
- No

8. Does your practice have other locations that are not within the City limits of Kansas City, Missouri?

- Yes
- No

9. How many providers are affiliated with your practice?

Number of providers:

10. In order to directly receive the H1N1 vaccine, CDC is requiring providers to sign a memorandum of understanding stating that you will follow current administration and storage requirements. Would you be willing to sign this document to receive H1N1 vaccine to provide to your patients?

- Yes
- No

2. Contact Information

1. Practice Name

2. Contact Person

3. Street Address

4. City, State, Zip

5. Phone

6. Email address

7. Fax number

8. What is the best way for the Kansas City Missouri Health Department to keep in touch with your practice?

- Direct Mail
- Phone
- Email
- Fax