



Immunization Outreach Mobile Team (IOMT) Request Form

Effective September 9, 2009

Fax the completed form to 713-439-6324.

Harris County Public Health & Environmental Services (HCPHES) provides immunizations to all susceptible children and adults.

HCPHES has access to one immunization mobile van. The Immunization Outreach Mobile Team (IOMT) van operates Monday through Friday excluding county holidays and other designated dates. The IOMT van is scheduled 8 weeks in advance. Requests should be submitted 9 or 10 weeks prior to the event. Requests submitted more than 10 weeks prior to the event need to be resubmitted during the appropriate time frame of 9-10 weeks prior to the event.

- Weekday hours of operation are 10am to 2pm. Clients must be registered by 1:45pm.
- During the spring and summer, the IOMT van is available on **selected Saturday** mornings.
- Most vaccines are provided for qualified **children** (children on CHIP, Medicaid, no insurance or under-insured) and **adults** (no insurance or under-insured) **at no cost**.
- Parents/guardians must be present with all minors (age 17 and younger).
- Individuals needing shots must bring all of their immunization records.
- Due to the demand for HCPHES IOMT van services, the site **must** provide a minimum of **20 children** (birth through 18 years of age) who require immunizations.
- In case of unforeseen circumstances the IOMT may have to cancel **without** advance notice.
- HCPHES staff reserve the right to **limit the number** of persons seen or **change the registration deadline** at **any site** due to large number of individuals, time constraints and/or staff availability.

Please sign that you have read, understood and agree with the above criteria.

(Signature of Requestor/Contact Person) (Date)

Information about Requestor/Contact Person:

Name: _____ Position Title: _____

Telephone #: _____ Cell Phone #: _____ Fax #: _____

Date of event: _____ Time of event: _____

Estimated number of participants requiring immunization services: _____

Kind of event: Health Fair _____ Back to School _____ Community Outreach _____ Other _____

Event Information:

Name of facility where the event will be held: _____

Address: _____ City: _____

Zip Code: _____ Telephone #: _____