

VACCINE DELIVERY SURVEY

Name of physician(s): _____

Name of practice: _____

Address _____

Phone number: _____

Fax number: _____

Peel Public Health is exploring a fee-for-service vaccine delivery program. If you are interested in vaccine delivery, please complete the following survey:

1. Is your office interested in participating in the vaccine distribution program?

- Yes
- No; If no, please indicate reason: _____
- I'm interested but need more information

2. How often do physicians in your office order vaccine?

- At least once every two weeks
- Once a month
- Once every two months
- Quarterly or less

3. Please identify days and/or times when your office cannot accept deliveries:

- Monday specify time _____
- Tuesday specify time _____
- Wednesday specify time _____
- Thursday specify time _____
- Friday specify time _____

4. I would like more information and would like to (check all that apply):

- Meet with Peel Public Health to discuss further
- Have a public health nurse call me to discuss further
- Have information faxed to our office

**Please return this survey to Peel Public Health by fax to 905-793-4858 before
September 17, 2010**