



MONMOUTH COUNTY HEALTH DEPARTMENT  
COVID-19 VACCINATION PLANNING TOOL  
Healthcare Group 1A-Key Staff Information

For Individual Use:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Type of Health Care Provider: \_\_\_\_\_

Are you affiliated with a healthcare group? \_\_\_\_\_

If yes, please provide the following:

Name of Healthcare group: \_\_\_\_\_

Address: \_\_\_\_\_

For Group/Practice Use:

Type of Group: \_\_\_\_\_  
(Example-Dentist, Pharmacy, EMS)

Address: \_\_\_\_\_  
(Please include Town, State and Zip code)

No. of **interested** employees to be vaccinated: \_\_\_\_\_ (Please List the employees in **Priority order**)

Name	Phone Number
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\*\*\*\*Note\*\*\*\* if additional lines are needed please add an additional blank sheet

Please return this form to:

[Covid19vaccine@co.monmouth.nj.us](mailto:Covid19vaccine@co.monmouth.nj.us)

\*\*\*NOTE\*\*\* Your form will be reviewed/prioritized. Please allow ample time for a Health Department representative to get back to you. **Please do not call or show up** at the Health Department/clinic site without an appointment.

**Monmouth County Health Department**  
50 East Main Street  
Freehold, NJ 07728  
Phone-(732)431-7456  
Fax- (732) 409-7579