



MONMOUTH COUNTY HEALTH DEPARTMENT

COVID-19 VACCINATION PLANNING TOOL
Healthcare Group 1A- Key Staff Information

Name: _____

Phone: _____

Type of Healthcare Provider: _____

Are You Affiliated with a Healthcare Group? _____

If Yes, Please Provide Name: _____

Email: _____

Please return this form to:

Health@co.monmouth.nj.us

Monmouth County Health Dept.
50 East Main Street
Freehold, NJ 07028

Fax: 732-409-7579