



MONMOUTH COUNTY HEALTH DEPARTMENT

COVID-19 VACCINATION PLANNING TOOL
Healthcare Provider- Key Staff Information

Facility Name: _____

Vaccine Point of Contact: _____

POC Phone: _____ Type of Practice _____

POC Email: _____

Please estimate the number of staff in the following key groups:

Staff Providing Direct Patient Care: _____

Support Staff: _____

Minimum Staff Required to Operate: _____

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