Virginia Department of Health

COVID-19 Vaccine Provider Intent Form

Instructions

The Virginia Department of Health (VDH) has developed a COVID-19 Vaccine Provider Intent Form. We welcome all interested providers or facilities to complete this form to indicate intent to administer COVID-19 vaccine to your patients and/or staff. Information collected will allow VDH to set up necessary accounts for vaccine ordering and reporting. VDH is still learning more details from the CDC on the specifics of this process.

The VDH COVID-19 Vaccine Provider Intent Form is the first step for any provider interested in administering COVID-19 vaccine in Virginia. The following are some important details surrounding provider intent and vaccination logistics:

- Completing this form does not obligate participation in this effort. VDH will follow up with next steps once you have submitted your intent.
- An Intent Form needs to be completed for each location vaccine is to be shipped, even if owned under a larger corporate or parent organization.
- Vaccine, ancillary supplies (needles, syringes, alcohol swabs, face masks or face shields), and shipping will be provided at no cost to the vaccine providers.
- Sharps containers, gloves, and bandages are not included in these supplies.
- Providers interested in committing to administering COVID-19 vaccine will need to complete the CDC COVID-19 Vaccination Program Provider Agreement and Profile. More information will be forthcoming and directions will be provided to those that complete the COVID-19 Vaccine Provider Intent Form.
- Vaccinators will be asked to report all doses administered through the Virginia Immunization Information System (VIIS), the state's immunization registry. Providers not already enrolled in VIIS can learn more about the benefits of VIIS and how to enroll at https://www.vdh.virginia.gov/immunization/viis/. Providers can connect their electronic medical records system directly to VIIS. Providers also can directly enter doses administered into the VIIS website.
- Initial vaccinators may need to use the CDC's Vaccine Administration Management System (VAMS) tool.
- More information will be forthcoming on reporting requirements.
- Questions can be directed to COVIDVaccineInfo@vdh.virginia.gov. More information about how to order COVID-19 vaccine will be shared as soon as it is available.
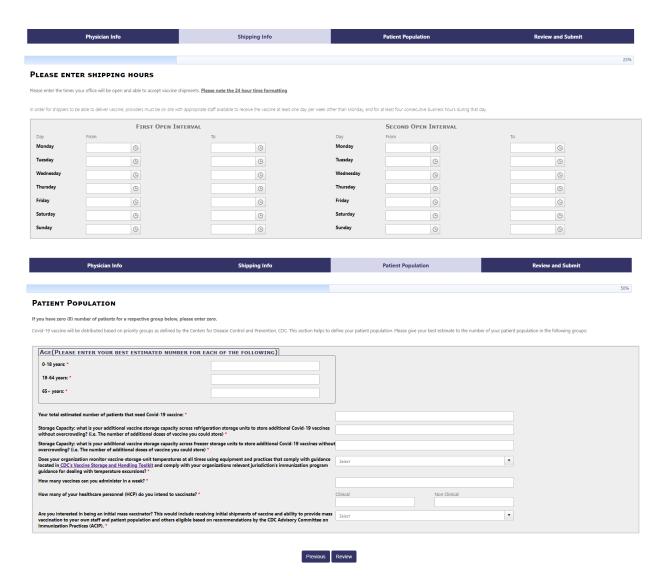
Below are screen shots of the fields requested as part of the Intent Form. Fields marked with a red star are required.

Note that if Yes is chosen for participation in the **Virginia Vaccines for Children**, **Virginia Vaccines for Adults**, or **Virginia Immunization Information System**, you will be asked for your PIN or Org Code.

Physician Info	Shipping Info	Patient Population	Review and Submit

0%

MEDICAL PROVIDER / PHYSICIAN INFORMATION

Facility Info

Facility Name: *

Facility Type: *   Select ▼

(If you select Other Medical Specialty or Other Organization you must specify in the area below

Does your organization participate in the Virginia Vaccines for Children or Vaccines for Adults Programs, VVFC/VVFA? *
○ Yes   ◉
○ No
○ Unknown

Does your organization have an account with VIIS (Virginia Immunization Information System)? *
○ Yes
○ No
○ Unknown

Office Phone: * (___)-___-____ - ____   Email: *

Office Fax: (___)-___-____

During COVID-19 vaccine distribution and administration, it is imperative that your office can be reached quickly by phone. Please provide a direct or back line phone number that is answered by a live person and not voice mail and which does not require multiple selections.

Back Line Phone Number: * (___)-___-____ - ____

Shipping Address Info

Please enter the shipping address for your facility. This will be the address used to ship vaccine.

Address Line 1: *   City: *

Address Line 2:   State: *   VA ▼

          ZIP: *   -----

Main Contact Info

Last Name: *   Telephone: * (___)-___-____ - ____

First Name: *   Email: *

Middle Name:

Backup Contact Info

Last Name: *   Telephone: * (___)-___-____ - ____

First Name: *   Email: *

Middle Name:

Prescribing Physician Info

Last Name: *   License Number: *

First Name: *

Middle Name:

Next

25%

PLEASE ENTER SHIPPING HOURS

Please enter the times your office will be open and able to accept vaccine shipments. **Please note the 24 hour time formatting**

In order for shippers to be able to deliver vaccine, providers must be on site with appropriate staff available to receive the vaccine at least one day per week other than Monday, and for at least four consecutive business hours during that day.

FIRST OPEN INTERVAL			SECOND OPEN INTERVAL		
Day	From	To	**Day**	From	To
Monday	🕐	🕐	**Monday**	🕐	🕐
Tuesday	🕐	🕐	**Tuesday**	🕐	🕐
Wednesday	🕐	🕐	**Wednesday**	🕐	🕐
Thursday	🕐	🕐	**Thursday**	🕐	🕐
Friday	🕐	🕐	**Friday**	🕐	🕐
Saturday	🕐	🕐	**Saturday**	🕐	🕐
Sunday	🕐	🕐	**Sunday**	🕐	🕐

50%

PATIENT POPULATION

If you have zero (0) number of patients for a respective group below, please enter zero.

Covid-19 vaccine will be distributed based on priority groups as defined by the Centers for Disease Control and Prevention, CDC. This section helps to define your patient population. Please give your best estimate to the number of your patient population in the following groups:

AGE(PLEASE ENTER YOUR BEST ESTIMATED NUMBER FOR EACH OF THE FOLLOWING)

0-18 years: *

19-64 years: *

65+ years: *

Your total estimated number of patients that need Covid-19 vaccine: *

Storage Capacity: what is your additional vaccine storage capacity across refrigeration storage units to store additional Covid-19 vaccines without overcrowding? (i.e. The number of additional doses of vaccine you could store) *

Storage Capacity: what is your additional vaccine storage capacity across freezer storage units to store additional Covid-19 vaccines without overcrowding? (i.e. The number of additional doses of vaccine you could store) *

Does your organization monitor vaccine-storage-unit temperatures at all times using equipment and practices that comply with guidance located in CDC's Vaccine Storage and Handling Toolkit and comply with your organizations relevant jurisdiction's immunization program guidance for dealing with temperature excursions? *   [Select ▼]

How many vaccines can you administer in a week? *

How many of your healthcare personnel (HCP) do you intend to vaccinate? *   Clinical [____]   Non Clinical [____]

Are you interested in being an initial mass vaccinator? This would include receiving initial shipments of vaccine and ability to provide mass vaccination to your own staff and patient population and others eligible based on recommendations by the CDC Advisory Committee on Immunization Practices (ACIP). *   [Select ▼]

[Previous] [Review]

After you select the **Review** button a summary of all data entered will be displayed for review. If there is anything needing editing select the **Previous** button to update the data. If not, you will be asked to enter "captcha" code at the bottom of the screen. Type the numbers and letters as you seen them in the box under the image and select the **Submit** button.

If you have any questions please email COVIDVaccineInfo@vdh.virginia.gov.