Wayne County

Health Department

Agency/Organization Name _____

Agency/Organization Address _____ Number of Staff _____

Contact name _____

Contact phone _____ Number of Residents _____
(If applicable)

Email completed spreadsheet to:

covidvaccine@wayne-health.org

Contact email _____

Last Name	First Name	Date of Birth	Previous COVID infection Yes or No	Date diagnosed	VACCINE BRAND	DOSE #1	DOSE #2- (21 DAYS or 28 DAYS depending on brand)

Public Health
Prevent. Promote. Protect.

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