



**Tarrant County Public Health**

**Community Health Outreach for Immunization / MPX (Monkeypox) Request Form**

Thank you for your interest in providing health education in our community! We will carefully consider each request, but priority is given to those organizations which will help us reach our strategic goals towards creating a healthier and informed Tarrant County. Please do not publicize our participation in your event until you have received confirmation from our office. For more information, please contact Hope Adams at (817) 753-0909 or Argette Watson at (682) 267-9915.

**WE ASK THAT YOUR REQUEST BE MADE AT LEAST 7-10 BUSINESS DAYS PRIOR TO THE EVENT**

<b>Date of request:</b>	<b>EVENT Date:</b>	<b>EVENT Time:</b>	
<b>Requesting Organization:</b>			
<b>Event Address:</b>		<b>City:</b>	<b>Zip:</b>
<b>Contact Person:</b>		<b>Title:</b>	
<b>Email:</b>	<b>Phone:</b>	<b>Fax:</b>	

<b>SERVICE REQUESTED (Please check one per date of service being requested):</b>	
<b>Education Table</b>	
<input type="checkbox"/> Adult Safety Net Vaccines Education	<input type="checkbox"/> Childhood Vaccines Education
<input type="checkbox"/> MPX Education	
<b>Presentations / Flyer Distribution</b>	
<input type="checkbox"/> MPX Basics Presentation	<input type="checkbox"/> Distribution of Event Flyers / Number of Flyers: _____ (100 minimum, 1000 maximum)
<b>Type of Event:</b>	
<input type="checkbox"/> Education	<input type="checkbox"/> Information Table
<input type="checkbox"/> Health Fair	

<b>PLEASE PROVIDE GENERAL INFORMATION ABOUT THOSE WHO WILL BE RECEIVING SERVICES:</b>			
<b>Expected Attendance (Number):</b>	<b>Language(s):</b>	English	Spanish
		Other:	
<b>What gender would most of the attendees would identify as (if applicable):</b>			
Male	Female	Non-Binary	
<b>Race and Ethnicity (Check all that apply):</b>			
African American	American Indian or Alaskan Native	Hispanic/Latino	
Asian-American or Pacific Islander	Caucasian/White		
Other (please list)			

<b>ADDITIONAL EVENT INFORMATION:</b>		
<b>Number of times event has taken place:</b>	<b>Number of people served:</b>	
<b>Event will be held:</b>	<b>Meal Provided:</b>	<b>Parking/Security Pass needed:</b>
Indoors      Outdoors	Yes      No	Yes      No
<b>Equipment Provided:</b>		
Wi-Fi	Electrical Outlets	LCD Projector
<b>Any additional information:</b>		

**Please return via email to [PHCHImmunEducation@tarrantcountytx.gov](mailto:PHCHImmunEducation@tarrantcountytx.gov)  
OR mail to: Tarrant County Public Health, 4708 Mercantile Dr., Fort Worth TX 76137  
(Attention: Argette Watson)**