

# Help Texans Get Their COVID-19 Vaccine

## Host a Vaccine Clinic

The Texas Department of State Health Services is asking Texas colleges and universities to host vaccination clinics for your students, faculty and staff.

DSHS is providing at no cost to you:

- COVID-19 vaccines
- an easy way for participants to sign up
- staffing for your clinic, if needed



## Getting Started



### Step 1

1. Complete the attached form.
2. Email the completed form to [coronavirus@dshs.texas.gov](mailto:coronavirus@dshs.texas.gov).



### Step 2

You will be contacted by DSHS, your local health department, or one of our partners on next steps to schedule your vaccine clinic.



### Step 3

You invite students, faculty, staff, and family to attend your clinic.

Thank you for helping us protect Texans from COVID-19.

Follow us @TexasDSHS:



**Request for Clinic to Vaccinate Colleges, Universities**

Thank you for reaching out to DSHS to be part of the coordinated effort in getting our State vaccinated as quickly and efficiently as possible. **In order to facilitate this, we will need you to fill out this form in its entirety and send it back as an attachment to [coronavirus@dshs.texas.gov](mailto:coronavirus@dshs.texas.gov).** If you have multiple sites within your college or university, it is **imperative** that you fill out a PDF for each individual site even if the POC for your organization is the same. You should expect someone to contact you within 24 business hours of returning the PDF(s), as long as it is completely filled out. **Do not leave any spaces blank.** This will result in a delay of scheduling your vaccination clinic. We will make every effort to get you the vaccine type you prefer; however, we cannot guarantee it. Thank you for participating in getting our Texans vaccinated!

**Name of Organization:****Site Address:****Name of Point of Contact for Scheduling:****Email of Point of Contact:****Phone Number of Point of Contact:****Approximate Number of Vaccines Needed** (at least 35):

(This can include students, faculty, staff, family and friends.)

**Please check the box next to the vaccine type you would prefer:**

(We will make every effort to get the type you want, but we cannot guarantee it.)

- ☐ Pfizer  
☐ Moderna  
☐ Johnson and Johnson

**Please list three dates/times you would prefer your clinic to take place:**

- 1) \_\_\_\_\_  
2) \_\_\_\_\_  
3) \_\_\_\_\_

**Will you need extra people to assist with administration help or checking people in?**☐ Yes☐ No**Name of Person Submitting Form:****Date:****Please do not edit anything under this line. For DSHS and Provider use only.****Date Contact Made:****Date of First Clinic:****Type of Vaccine Used:****Number of Vaccines Administered:****Scheduled Date of Second Clinic:****Type of Vaccine Used:****Number of Vaccines Administered:****Tracking Number:**