

Howard County Health Department - Immunization Clinic Request Form

The Howard County Health Department is committed to supporting our community by providing access to immunizations for all residents, promoting individual and community wellness, and reducing the spread of vaccine-preventable diseases.

We offer on-site mobile vaccination services throughout Howard County! Our team provides the nursing staff, immunizations, and equipment needed to facilitate the clinic. Vaccines are available for all ages—infant, child, and adult.

To host a clinic, your organization will need to provide:

- 6–8 tables and chairs
- A large trash can
- Access to an electrical outlet for our mobile printer (used for shot records and appointment reminders)

Please complete the form below to request an immunization clinic at your location. A member of our team will follow up to review your request and discuss next steps.

Note: Clinics are available Monday through Friday; weekend clinics are not available at this time.

To help us accommodate your request, please submit your form at least 4 weeks before your desired clinic date.

If you have questions, please contact Bethany Wenger, Public Health Projects Manager, at bethany.wenger@howardcountyin.gov or 765-860-4177.

We look forward to supporting your efforts to keep our community healthy and safe!

[Find us on Facebook](#)

[See our website](#)

* Indicates required question

1. Email *

2. Full name *

3. Organization/Affiliation (if applicable) *

4. Title/Role *

5. Phone number *

6. Street address (city, state, zip - required to confirm Howard County residency) *

7. Eligibility confirmation: "I confirm that I am an employee/volunteer representing an organization serving Howard County residents." *

Check all that apply.

☐ I confirm

8. What is the location for the clinic? (Address, city, zip code, indoor or outdoor) *

9. Are you requesting a specific date? (If yes, please indicate your preferred date in the following question, and list any other potential dates in the "other" section of this question) *

Mark only one oval.

☐ Yes

☐ No

☐ Other:

10. If yes, please list the date you are requesting below.

Example: January 7, 2019

11. Which time frame would you prefer for the clinic? Select all that apply. *

Check all that apply.

☐ Morning (8am-11am)

☐ Afternoon (12:30pm-3:30pm)

☐ Other: _____

12. Demographic being served? Please select all that apply *

Check all that apply.

☐ Ages 0-5

☐ Ages 5-13

☐ Ages 13-18

☐ Ages 18+

☐ Other: _____

13. How many individuals do you anticipate attending the clinic? (Estimates are fine) *

14. Additional notes - is there anything else you would like us to know about your request?

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