



Health Care Contact Enrollment Request Form COVID-19 VACCINE REQUEST

Health Agency | Public Health Emergency Preparedness Program (f) 1-844-806-4661 Email: ha.covidresponse@co.slo.ca.us

To be added to the County of San Luis Obispo Public Health's notification mail list for COVID-19 vaccine enrollment, please complete the following information:

- First and Last Name:
- Practice Name (if Applicable):
- Practice Phone #:
- Email to Send Notices:
- Fax # to Send Notices:
- Practice Specialty:
- Practice Street Address:
- Practice City, State Zipcode:
- Additional Comments:

Print the form and fax to 1-844-806-4661 OR Email to ha.covidresponse@co.slo.ca.us