



## 2018 Statewide Medical and Health Exercise

1. Name \_\_\_\_\_

2. Organization \_\_\_\_\_

3. Objectives: (Provide up to 5 objectives)

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4. Preference for Controllers (complete this question at planning meeting on 8/22)

a. Recruit Site Controllers

b. Use SIMCELL

(Continued on the other side)

5. Controller and Evaluator Contact Info:

Controller 1:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Controller 2:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Evaluator 1:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Evaluator 2:

Name: \_\_\_\_\_ Email: \_\_\_\_\_ Phone: \_\_\_\_\_