

Data Elements	Responses
Name (Last First MI)	
Street Address	
Apartment Number	
City State Zip Code	
Home Phone Number (AC+number)	
Work Phone Number (AC+number)	
Cell Phone Number (AC+number)	
Pager Number (800 number or AC+number)	
Fax Number (AC+number)	
Email Address	
Number of persons in immediate household	
Profession	
Type of Professional License	
Previous Smallpox Vaccination (Y/N) (<i>Circle one</i>)	YES or NO
Contraindication to vaccination (Y/N/U) (<i>Circle one</i>)	YES or NO or UNKNOWN
Willing to be vaccinated (Y/N) (<i>Circle one</i>)	YES or NO
Willing to learn to be vaccinator (Y/N) (<i>Circle one</i>)	YES or NO
Sponsoring Agency/Employer/Church/Organization	
Contact Number for Sponsoring Agency (AC+number)	
Preferred Clinic Site	
Preferred Shift (<i>Circle one</i>)	7 am – 3 pm or 3 pm – 11 pm
<i>For Official Use Only</i>	
Clinic Site Assigned	
Job Assignment	
Shift Assigned (7 am – 3 pm or 3 pm – 11 pm)	7 am – 3 pm or 3 pm – 11 pm
Supervisor/Team Leader	