



Adult Immunization Standards Technical Assistance (TA) Visit Acknowledgement of Receipt

Site Name: _____

Person who provided TA: _____ Email: _____

Thank you for participating in this Technical Assistance (TA) Visit. The goal of this visit is to support you and your staff with successfully implementing the Adult Immunization Standards and improving access to adult vaccines within your site.

TO BE COMPLETED BY PERSON WHO PROVIDED TA

I, _____, acknowledge that an Adult Immunization Standards TA Visit was
(Person who provided TA)
performed today on _____ and that I have provided a copy of the Standards for Adult Immunization
(Visit Date)
Practices, developed by the Centers for Disease Control & Prevention, and the Adult Immunization Schedule to the staff.

TO BE COMPLETED BY PROVIDER

If the Medical Director / Pharmacist (or equivalent) is present:

I, _____, acknowledge that my site took part in the TA visit. I agree to consider all
(Medical Director / Pharmacist)
actions necessary to address the implementation of the adult immunization standards.

If the Medical Director / Pharmacist (or equivalent) is NOT present:

I, _____, acknowledge that my site took part in the TA visit. I understand
(Responsible Individual designated by MD/PHAR)
and will communicate to the Medical Director/Pharmacist the opportunities of the visit.

Signature of person who provided TA: _____ Date: _____

Signature of site representative: _____ Date: _____