

List of Alternate Sites for Use during an Influenza Pandemic

County _____

Purpose of site	Name of Site	Address	Contact Person / Phone Number	Comments
Alternate Care Facility				
Alternate Care Facility				
Alternate Care Facility				
Alternate Care Facility				
Alternate Care Facility				
Mass Vaccination Site				
Mass Vaccination Site				
Mass Vaccination Site				
Mass Vaccination Site				
Mass Vaccination Site				
Temporary Morgue				
Temporary Morgue				

Contact Person for County Emergency Management

Name _____
 Phone _____ Cell Phone _____ Pager _____
 Address _____