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 performed today on ________________ and that I have provided a copy of the Standards for Adult Immunization 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 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 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: ____________________________