

Attachment 1: MP-1 Form (Initial Contact Information)
Appendix 3: First Responder Prophylaxis
Annex H: Medical Countermeasure Dispensing
Dallas County Health Human Services
Public Health Preparedness Division

Dallas County Closed POD Notification of Intent

F R O M	Name _____	T O	Alejandra Hernandez SNS Coordinator _____
	Company _____		Dallas County Health and Human Services _____
	Address _____		2377 North Stemmons Fwy Dallas, TX 75207 _____
	City/Zip _____		(o) 972-692-2715 (m) 214-404-1245 _____
	Phone _____		alejandra.m.hernandez@dallascounty.org _____

Employees covered*:	_____
Others Covered*:	_____
Family Members:	0 _____
Total Covered:	0 _____

Describe Others: (Contractors, Interns, etc.)	
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Closed POD Location	Delivery Details:
Street Address: _____ Suite/Room No. _____ City _____ Zip _____	

Contact Information	Primary Contact
First Name _____ Last Name _____ Work E-mail _____	Work Phone: _____ Cell Phone: _____ Title: _____

Contact Information	Secondary Contact
First Name _____ Last Name _____ Work E-mail _____	Work Phone: _____ Cell Phone: _____ Title: _____

Contact Information	Tertiary Contact
First Name _____ Last Name _____ Work E-mail _____	Work Phone: _____ Cell Phone: _____ Title: _____

<p align="center">An authorized agent of the company submits the above information for the sole purpose of executing a Memorandum of Understanding with Dallas County HHS.</p>	PRINT NAME _____ COMPANY _____ TITLE _____ DATE _____
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* Families are automatically included in this program. An average of three dependents are assumed for each employee or other persons that is covered under this program.