DATE: __________________________
Facility: ______________________
Address: ____________________________________________________________________

This is a Memorandum of Understanding between the Oklahoma State Department of Health __________________________ County Health Department and Oklahoma State Department of Corrections ________________________ Correctional Center (“the facility”). The facility agrees to transport the medications/vaccine in a closed container and agrees to return any and all unused portions in a closed container to the ______________________ County Health Department. The facility further agrees to provide security for the medications during transport and distribution.

The facility agrees to administer the medication in accordance with the provided regimen and educational material. The facility also agrees to refer all symptomatic persons to the appropriate definitive care facility. The facility agrees to utilize the provided NAPH forms for each person that receives the medication. The facility agrees to return all forms to the ______________________ County Health Department. The facility agrees to notify the ______________________ County Health Department of all persons declining medication, those who are symptomatic or who have been exposed to the biological agent.

Below are the names of the authorized persons representing the facility that will pick up medications or vaccine in the event of a biological emergency. These individuals will present to the distribution site upon notification from the ______________________ County Health Department of a biologic event. These individual will present with two forms of photo identification.

Authorized persons: __________________________________________________________  CHSA
__________________________________________________________________________

Number of Staff: ___________________  Number of doses to dispense: ____________

CHSA

Alternate authorized staff member

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<thead>
<tr>
<th>Person</th>
<th>Type of Training</th>
<th>Date Training Received</th>
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