

HEALTHCARE ASSOCIATION of HAWAII
Emergency Management Program

SDOH DISEASE INVESTIGATION POC DESIGNATION

The purpose of this form is to notify the Hawaii State Department of Health of an organization's points of contact for 24-hour infectious disease investigation follow-up.

Instructions: Complete one (1) form only for each participating coalition organization. Print or type legibly and provide all requested information. Designation can be changed at any time by completing and submitting a revised form.

Submit your completed request by US mail or facsimile at the address listed below. HAH will process your request within 14 business days.

ORGANIZATION	Organization Name:	Date (MM/DD/YY):
	Name and Title of Senior Organization Official:	
	Signature of Senior Organization Official:	
DURING BUSINESS HOURS	Name and title of designee:	
	Email address:	
	Office telephone number:	
	Cellular telephone number:	
	Comments:	
AFTER BUSINESS HOURS	Name and title of designee:	
	Email address:	
	Office telephone number:	
	Cellular telephone number:	
	Comments:	

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