




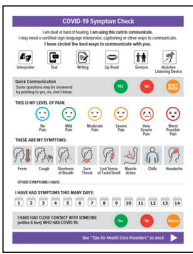




COVID-19 MATERIALS REQUEST FORM

The New York State Department of Health offers limited quantities of free materials to New York State residents and organizations.

ALL orders must include a street address. Bulk orders will not be delivered to post office boxes.

To order, complete this form and submit it by email to: bmcc@health.ny.gov

TITLE/DESCRIPTION	LANGUAGE	PUBLICATION #	QUANTITY
 <p>Protect Yourself from COVID-19 and Stop the Spread of Germs poster</p>	English	13067	15 <input type="checkbox"/> 25 <input type="checkbox"/> 100 <input type="checkbox"/> Other _____
 <p>Protect Yourself from Coronavirus (COVID-19) Wash Your Hands cling</p>	English	13068	10 <input type="checkbox"/> 25 <input type="checkbox"/> (Limit 25)
 <p>Protect Yourself from Coronavirus (COVID-19) Wash Your Hands cling</p>	English/ Spanish	13148	10 <input type="checkbox"/> 25 <input type="checkbox"/> (Limit 25)
 <p>COVID-19 Symptom Check card for deaf or hard of hearing</p>	English	13104	15 <input type="checkbox"/> 25 <input type="checkbox"/> 100 <input type="checkbox"/> Other _____
 <p>Face Masks and Coverings for the Public flyer</p>	English	13105	15 <input type="checkbox"/> 25 <input type="checkbox"/> 100 <input type="checkbox"/> Other _____
 <p>Face Masks and Coverings for the Public flyer</p>	Spanish	13106	15 <input type="checkbox"/> 25 <input type="checkbox"/> 100 <input type="checkbox"/> Other _____



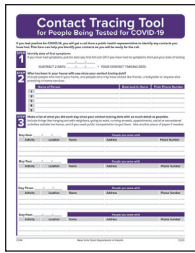
Test Site: Next Steps
flyer

English 13112 15 25 100

 Other _____

Spanish 13113 15 25 100

 Other _____



Contact Tracing Tool

English 13114 15 25 100

 Other _____

Spanish 13115 15 25 100

 Other _____



Contact Tracing –
Answer the Phone
flyer

English 13135 15 25 100

 Other _____

Spanish 13140 15 25 100

 Other _____

MAILING LABEL

NAME	DATE / /
ORGANIZATION (IF APPLICABLE)	
STREET ADDRESS	
CITY, STATE, ZIP CODE	