



Push Partner Final Summary Form

Agency Information

Name of Organization: _____

Address: _____

Push Partner Coordinator: _____

Name

Title

Phone Number

Email

We screened: (Put N/A if not applicable)

	Total Number Screened	Number Received Antibiotics	Number Referred (due to allergy or contraindication)
Employees			
Employees' Family Members			
Public			

We dispensed the following numbers of antibiotics:

Antibiotic	Number of Courses Dispensed

Estimated number of employees and family members *only* speaking a language other than English: _____

What languages? _____
