



County of Yolo

HEALTH DEPARTMENT MEDIA CALL INTAKE SHEET



Date: _____ Time of Call: _____ am/pm Taken by: _____

Deadline: ASAP 2 hours Today am Today pm Other

Media Outlet:

- | | |
|-----------------------------------|------------------|
| <input type="checkbox"/> Local | _____ TV |
| <input type="checkbox"/> Regional | _____ Daily/Wire |
| <input type="checkbox"/> National | _____ Radio |
| | _____ Magazine |
| | _____ Other |

Caller's name: (Print first and last) _____
 Caller's contact information: Phone: _____
 Fax: _____
 E-mail: _____

Request:

Topic:

- | | |
|--|---|
| <input type="checkbox"/> Subject Matter Expert questions | <input type="checkbox"/> Numbers _____ |
| <input type="checkbox"/> Interview (name request? _____) | <input type="checkbox"/> Response/Investigation _____ |
| <input type="checkbox"/> Background/B-roll | <input type="checkbox"/> Health/disease issue/treatment _____ |
| <input type="checkbox"/> Fact check | _____ |
| <input type="checkbox"/> Update | <input type="checkbox"/> Hot issue 1 _____ |
| <input type="checkbox"/> Return call to press/public information officer | <input type="checkbox"/> Hot issue 2 _____ |
| | <input type="checkbox"/> Other _____ |

Action needed:

Action completed:

- | | |
|--|----------------------------|
| <input type="checkbox"/> Return call expected from press officer | Date/time completed: _____ |
| <input type="checkbox"/> Return call expected from Subject Matter Expert | Date/time completed: _____ |
| <input type="checkbox"/> Other _____ | Date/time completed: _____ |

Suggested triage priority: Level A (immediate) Level B (urgent, within 24 hrs) Level C

No action needed; call closed by:

- Answered questions
- Referred to internet
- Referred to PIO
- Referred to outside CDC
- Other _____