

**H1N1 Flu Request Form
Health Promotion Affiliates**

Today's Date: _____

Company: _____

3 Optional Dates: _____ Time Requested: _____

Address: _____ Site Phone: _____

_____ Fax: _____

Site Contact: _____ E-mail: _____

Estimate the numbers of hours you need for your clinic based on 20 shots per hour.

Please attach written directions with this fax. It saves us valuable time.

How many flu shots do you expect at your clinic? _____

We need a very accurate count and will bring only that amount.

Please call 10 working days before the clinic to confirm the final count of flu shots.

Note: The Federal Government has paid for the H1N1 vaccine. Charges are for the administration of the shots by the nurses.

Health Promotion Affiliates is not permitted to vaccinate children under the age of 18.

The policy of Health Promotion Affiliates is not to vaccinate pregnant women at the worksite even with a doctor's note.

Billing Information: Company: _____

Name: _____

Address: _____

Please note: reimbursement for mileage is charged at the Federal Reimbursement rate. If the mileage is greater than 100 miles round trip, travel time will be charged at \$50/hour. If between 150-199 round trip, \$75.00. If over 200 miles round trip, \$100.00 If vaccine supplies are shipped to a nurse, shipping charges will apply.

For Office Use:

Please send this completed form to:

Att. Richard Rotondo, Health Promotion Affiliates, 661 Highland Ave., Needham, MA 02494

FEI# 043218267

Phone: (781) 449-2233 Fax: (781) 449-7045 E-mail: mca.hpa@verizon.net