



STATE OF MICHIGAN FLU VACCINE PROGRAM FLU VACCINE CLINIC REQUEST FORM

Worksite Coordinator/Contact,

Thank you for your commitment to the State of Michigan and Michigan Community Wellness VNA Flu Vaccine Program.

The following State of Michigan healthcare insurance carriers will cover the cost of the flu vaccine for insured employees: BCBSM PPO, BCN, COPS Trust, Health Alliance Plan, HealthPlus, McLaren Health Plan, Physicians Health Plan and Priority Health.

Employees not presenting with a copy of their state insurance card may be charged \$34 (payable by cash or check to Michigan Community Wellness VNA) in order to receive the vaccine at the worksite clinic.

TO RESERVE CLINIC DATE

Complete, sign and email back to vnaflu@vna.org or fax to (248) 967-8315 as soon as possible

MC VNA will email this form back to you with a confirmation of your clinic date and time. You must then verify that you have received the confirmation by emailing vnaflu@vna.org or by providing your initials and date of verification at the bottom of the form and faxing/emailing back to MC VNA.

Notice of clinic cancellation must be received via email at vnaflu@vna.org or by fax at 248-967-8315 no less than 48 hours prior to the scheduled clinic date.

MC VNA will contact the site coordinator via email 5-10 days prior to the scheduled clinic to verify number of employees registered and request a list of employees to be faxed or emailed to help facilitate the clinic.

Preservative Free vaccine is available upon request.

Worksite / Facility _____ Today's Date: _____
If your location will have more than one clinic, please fill out a separate clinic request form for each clinic date.

First Choice	Date: _____	Second Choice	Date: _____
	Start Time: _____		Start Time: _____
	End Time: _____		End Time: _____
Shift Times (if applicable): _____			
Preservative Free Vaccine (give estimate) _____			
Previous Year Actual Flu Shots: _____		Current Year Projected Flu Shots: _____	
<i>MC VNA will determine appropriate number of nurses based on time and projected shot totals.</i>			

Address _____ City _____ State _____ ZIP _____

Worksite Coordinator / Contact Name _____ Title _____ Telephone _____

Email Address _____ Alternate Contact Telephone _____ Fax _____
phone number the MC VNA nurse can use before/after hours (as needed)

Signature _____

Please indicate where Michigan Community VNA staff may park and how to access the building. If your building sometimes disseminates parking passes, please provide passes for MC VNA

Final Clinic Confirmation Date: _____	Start time: _____	End Time: _____
Number of Nurses: _____	Number of Preservative Free Vaccines: _____	
Date of Verification: _____	Site Coordinator Initials: _____	