

CORPORATE FLU PROGRAM

REQUEST FORM

Thank you for submitting a request to have your staff flu program completed by Maroondah City Council's Immunisation Services.

All staff requesting a vaccination must complete the *Corporate Flu Program Consent Form*. This form will be provided to you for distribution if your request is approved.

This form must be completed and submitted by email to immunisation@maroondah.vic.gov.au, at least **2 weeks prior** to the proposed immunisation date.

Business Details

Business Name	
Business Address	
Contact Person: Name	
Contact Person: Number	
Contact Person: Email	
Approx number of staff likely to receive the flu vaccine	

Vaccine Information

Vaccine Brand	Diseases Covered	Doses Required	Cost Per Dose
Quadrivalent Flu	4 Strains of Influenza	1 dose annually	\$27.00

Date, Time & Location Details

Preferred Day of the Week	
Preferred Time [please tick]	<input type="checkbox"/> Morning <input type="checkbox"/> Afternoon
Designated Immunisation Room ie Meeting Room 3a	

The Immunisation Team will do their best to accommodate any specific date or time requests, however, all immunisation sessions are subject to availability.

Signature

I confirm that the above information is true and correct. I acknowledge that this is a request for immunisation services only and subject to approval.

CEO/Executive Assistant Signature

CEO/Executive Assistant Name in Print

Date