**CORPORATE FLU PROGRAM**

REQUEST FORM

Thank you for your interest in having your workplace flu program delivered by Maroondah City Council’s Immunisation Services.

Please complete this form and submit by email to immunisation.health@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 (minimum 20) |  |

**Vaccine Information**

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine Brand** | **Diseases Covered** | **Doses Required** | **Cost Per Dose** |
| Quadrivalent Flu | 4 Strains of Influenza | 1 dose annually | $29.00 |

**Date, Time & Location Details**

|  |  |
| --- | --- |
| Preferred Day of the Week |  |
| Preferred Time [please tick] |  Morning  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.

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CEO/Executive Assistant Signature CEO/Executive Assistant Name in Print Date

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