

Flu Vaccination Clinic Registration Form

Thank you for filling out this form and returning it by email to richfieldpharmacy@gmail.com or by fax to (435) 893-6809. We will contact you to determine a timetable.

Please make copies of the enclosed consent form, and if possible, have them completed by the clinic date.

Company Name: _____

Billing Address: _____

City: _____ Zip Code: _____

Name of Contact: _____

Title: _____

Email: _____

Phone: _____ Fax: _____

Vaccination Address: _____

City: _____ Zip Code: _____

Choice of Date for Clinic: _____ Number of Participants: _____

Vaccination Clinic Information

-The pharmacist will come 15 minutes before the hour to prepare their medical equipment.

-The pharmacist will bring 10 additional vaccines for any additional persons during the vaccination clinic.

-The pharmacist will collect and inspect consent form before administering vaccination.

-Each vaccinated person must stay on site approximately 15 minutes after administration of the vaccine.

-These vaccines should not be administered to anyone with a history of severe allergic reactions to egg proteins or any component of the vaccine.