



Yes! Please contact me to schedule our 2009 Flu Clinic.

Contact Name: _____

Company Name: _____

Physical Company Address: _____

Contact Phone Number: _____

Email Address: _____

Total number of employees at this location: _____

Estimated number of employees that have received the flu vaccine in previous years: _____

Please email form to acegelski@passporthealthhouston.com or fax back to 713.467.6881