

Special Vaccination Clinic for Persons 16+

Thursday April 15, 2021 at MADISON HOSPITAL

On Thursday, April 15 we will offer a special vaccination clinic for individuals who are 16 years of age and up at Madison Hospital. You may know someone who is in this category that wants to receive the Covid-19 vaccine. Please complete this form and email it to Madison.vaccine@hhsys.org or fax to Madison Registration at 256-817-5012 by Tuesday, April 13. Please have the person arrive on April 15 during the designated time as outlined below. **They will NOT receive a phone call.**

PLEASE PRINT CLEARLY:

Legal Name: _____

Date of Birth: _____ Phone Number: _____

Answer questions:

- Have they been tested for COVID-19 within the past two weeks: YES NO **If yes, result:** POS or NEG
- Have they had a positive diagnosis of COVID-19 in the last 90 days: YES NO **If yes, when:** _____
- Have they received any vaccine (flu/pneumococcal/shingles/tetanus) in the past 2 weeks: YES NO

Thank you for scheduling the above individual to be vaccinated on April 15 at Madison Hospital (in the Atrium). They will be vaccinated during their designated time based on the first letter of their last name:

<u>Last name</u>	<u>Vaccination Time</u>
A-F	9 a.m. – 10 a.m.
G-L	10 a.m. -11 a.m.
M-R	11 a.m. -12 p.m.
S-Z	12 p.m. -1 p.m.

Last day to return the forms to Madison Registration is April 13.

Name of person submitting the form: _____ Phone: _____

Email of person submitting the form: _____



Special Vaccination Clinic for Persons 16+

Friday April 16, 2021 at the Fever & Flu Clinic

On Friday, April 16, we will offer a special vaccination clinic for individuals who are 16 years of age and up at the HH Fever & Flu Clinic at 120 Governors Drive. You may know someone who is in this category that wants to receive the Covid-19 vaccine. Please complete this form and return it to Main Registration by 4 p.m. on Wednesday, April 14. You may drop the form off or email it to schedule@hhsys.org. Please have the person arrive on April 16 during the designated time as outlined below. **They will NOT receive a phone call.**

PLEASE PRINT CLEARLY:

Legal Name: _____

Date of Birth: _____ Phone Number: _____

Answer questions:

- Have they been tested for COVID-19 within the past two weeks: YES NO **If yes, result:** POS or NEG
 - Have they had a positive diagnosis of COVID-19 in the last 90 days: YES NO **If yes, when:** _____
-

- Have they received any vaccine (flu/pneumococcal/shingles/tetanus) in the past 2 weeks: YES NO

Thank you for scheduling the above individual to be vaccinated on April 16 at the Fever & Flu Clinic. They will be vaccinated during their designated time based on the first letter of their last name:

<u>Last name</u>	<u>Vaccination Time</u>
A - E	8am – 9am
F - J	9am – 10am
K - O	10am – 11am
P - S	11am – 12pm
T - Z	12pm – 1pm

Name of person submitting the form: _____ Phone: _

Email of person submitting the form: _



Fever & Flu Clinic

120 Governors Drive