



IASIS HEALTH
MANAGEMENT

IHM On-Site Flu Vaccination Booking Form

First Name: _____

Last Name: _____

Preferred Date: _____
mmm/dd (ie. Nov. 2)

Main Number: _____

Preferred Time: _____
Morning/Afternoon/Evening

Alternate Number: _____
Optional

Address: _____
Apt no. - Street no. Street name

City: _____

Postal Code: _____

Number of Quadrivalent Flu Shots:
(Over 6 months, under 65 yrs old)

Number of High-dose Trivalent Flu Shots:
(Over 65 yrs old)

Please email this booking form to: booking@iasishealthmanagement.ca

or

Fax this booking form to: **905-845-6363**