



Worksite Flu Shots – Clinic Registration

Please complete this form and email it to flushots@northworksmn.com
Or fax the completed form to 952-361-0003. We will contact you to confirm all details.

Company Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____ Phone _____

Email Address _____

of shots needed _____ Minimum = 20 *Customers will be billed for a minimum of 20 shots*

Note : NorthWorks is not immunizing anyone under 18 years of age at this time.

_____ By signing here you understand scheduling
Signature _____ *Date* an onsite flu shot clinic is a commitment.
This is a confirmation of services.
If cancelled, there may be a service charge.

Will we bill insurance for your worker's flu shots: No _____ Yes _____

If so, which insurance carrier will we bill? (Please circle)

Health Partners, Medica, BCBS, Preferred One, United Health Care

Do you need forms in Spanish? No _____ Yes _____

Any special instructions when arriving at your location or parking specifics:

Time of Day Preferred for a flu shot clinic: (check all that apply)

___ Early AM (5-9am) ___ Late AM (10am-12pm) ___ Early PM (1-3pm) ___ Late PM (4pm-7pm)

Preference: ___ Any Day ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Addresses where shots will be provided	Approx # Shots
1.	
2.	
3.	
4.	

Please email this completed and signed form to flushots@northworksmn.com.

Please call 763-398-8812 if you have questions

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Thank you!