

Thank you for filling out this form and to return it by email at [corpo@physimed.com](mailto:corpo@physimed.com) or by fax at 514 747-0655.  
We will contact you later to determine the timetable anticipated by the number of participants.

Compagny Name : \_\_\_\_\_ Booking date : \_\_\_\_\_

Billing address : \_\_\_\_\_ City : \_\_\_\_\_ Zip code : \_\_\_\_\_

Name of the person in charge : \_\_\_\_\_ Title : \_\_\_\_\_

Email : \_\_\_\_\_ Phone : \_\_\_\_\_ Fax : \_\_\_\_\_

Vaccination address : \_\_\_\_\_

Vaccination address : \_\_\_\_\_

### Price per unit of available vaccines

Total quantity of vaccine	Fluviral (multidose trivalent)	FluLaval Tetra (multidose quadrivalent)	Influvac (pre-filled syringe trivalent)
Less than 20 vaccines	\$ 18,00	\$ 22,00	\$ 21,00
20 – 99 vaccines	\$ 15,00	\$ 19,00	\$ 18,00
100 – 299 vaccines	\$ 13,00	\$ 17,00	\$ 16,00
300 – 499 vaccines	\$ 12,00	\$ 16,00	\$ 15,00
Over than 500 vaccines	Call us for a quote		
* Prices for other regions are available upon request			

### Professional fees for nursing service

\* applicable on the purchase of vaccines

Montreal Area	Price
Professional fees and transportation	\$ 50 /hour
Quebec Area	Price
Professional fees and transportation	\$ 60 /hour
Mileage Mtl and Qc	Price
Mileage expenses (ray > 15 km)	\$ 0,55 /km

Vaccines available	Amount of vaccine	Nursing service	Choice of dates for the clinic (between October and December)
<b>Fluviral</b> multidose 5ml (trivalent)	_____	YES	1 <sup>st</sup> _____ AM /PM 2 <sup>nd</sup> _____ AM/PM 3 <sup>rd</sup> _____ AM/PM <small>DD/MM DD/MM DD/MM</small>
<b>FluLaval Tetra</b> multidose 5ml (quadrivalent)	_____	<input type="checkbox"/>	1 <sup>st</sup> _____ AM /PM 2 <sup>nd</sup> _____ AM/PM 3 <sup>rd</sup> _____ AM/PM <small>DD/MM DD/MM DD/MM</small>
<b>Influvac*</b> pre-filled syringe with needle 0,5ml (trivalent) *18 + only	_____	NO <input type="checkbox"/>	1 <sup>st</sup> _____ AM /PM 2 <sup>nd</sup> _____ AM/PM 3 <sup>rd</sup> _____ AM/PM <small>DD/MM DD/MM DD/MM</small>

Do you want to use the online registration service for your employees?  YES (send logo in pdf format for identification of your business)  NO

### Influenza vaccines 2016 information

Herre is the influenza vaccines that will be used this season, unless otherwise noted :

- Fluviral (trivalent) DIN # 02420686
- Influvac (trivalent) DIN # 02269562
- FluLaval-Tetra (quadrivalent) DIN # 02420783

For the next season, the trivalent vaccine contains the following strains :

- A/California/7/2009 (H1N1)
- A/Hong Kong/4801/2014 (H3N2)
- B/Bribane/60/2008

According to this vaccine, the quadrivalent vaccine contains one more strain :

- B/Phuket/3073/2013

### Recommended age dosage

Age group	Dose	Number of dose
6 to 35 month	0,5 ml	1 or 2 *
3 to 8 years old	0,5 ml	1 or 2 *
Over 9 years old	0,5 ml	1

\* For children under 9 years old, two doses of vaccine are required at the interval of one month.

### Vaccination clinic information

- The nurse (s) come 15 minutes before the hour to prepare their medical equipment.
- The nurse (s) brings a minimum of 10 additional vaccines for any additional person during the vaccination clinic.
- The nurse (s) administers approximately 20 vaccines /hour, either 1 or 2 vaccines / 5 minutes.
- The nurse (s) checks the consent forms before administering the vaccine which must be initially provided by the patient.
- Each vaccinated person must stay on site approximately 15 minutes after administration of the vaccine.

### Contraindications

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

### Avertissement pour femmes enceintes

To administer influenza vaccine to women pregnant or likely to be, the nurse must obtain from their doctor a medical authorization, otherwise, the vaccine may not be administered.

### Physimed role during the vaccination campaign

1. Provide coaching and promotional materials for each business including:

Information transmitted to the person in charge:

- Service Agreement;
- Employer's Guide
- Required material for your Flu Vaccination Clinic ;
- Schedule and list of participants;
- Receipts (use in case);
- Promotional Poster.

Information to be transmitted to employees :

- Date and place of the vaccination ;
- Consent Form to complete ;
- Possible side effects of Flu Vaccine;
- Influenza: Information and importance of vaccination.

2. Provide qualified nurses;
3. Specify the number of employees who has vaccinated by service point ;
4. Evaluate the satisfaction of our services.

### Other vaccine and biometric tests (only on request)

#### Update of other types of vaccine

Enjoy the holding of a clinic of vaccination in the workplace to develop vaccines that may be recommended depending on the type of employment. Participant vaccination booklet is necessary in order to update the table of immunization at the time of vaccination.

#### Health promotion activities

Take advantage of the presence of a nurse to evaluate rates of glucose (diabetes) and cholesterol as well as blood pressure and body mass of participants as a screening index. A summary of the results will be provided to participants.

*\* If you wish to keep this activity, the average time for a consultation will be about 15 minutes per participant.*

Vaccine	Price	Quantity	Biometric test	Price	Quantity
<input type="checkbox"/> Twinrix (Hepatitis A & B)	\$ 75 /dose		<input type="checkbox"/> Total cholesterol	\$10 /person	
<input type="checkbox"/> Avaxim (Hepatitis A)	\$ 75 /dose		<input type="checkbox"/> Blood sugar	\$ 10 /person	
<input type="checkbox"/> Engerix B (Hepatitis B)	\$ 50 /dose		<input type="checkbox"/> Calculation of BMI (body mass index)	\$ 5 /person	
<input type="checkbox"/> Tetanus	\$ 30 /dose		<input type="checkbox"/> Arterial pressure	included	
<input type="checkbox"/> Pneumovax (only eligible person)	\$ 35 /dose		<input type="checkbox"/> Personal health record	included	

### Control and cancellation policy

The quantities ordered should be confirmed 10 days before the scheduled date of the vaccination clinic. All vaccines given will be billed after your vaccination clinic. A maximum margin of error is accepted in the determination of the number of ordered vaccines:

- 5% for orders of 100 vaccines and more;
- 10% for orders of less than 100 vaccines.

Cancellation of the vaccination campaign on behalf of the client that cancels within 10 working days of the scheduled date will result in billing of vaccines originally commissioned and shown on the service agreement or the booking calendar. In the event where the manufacturer of vaccines could not meet its commitment, Physimed would be obliged to cancel the seasonal vaccination campaign without obligation on its part.

By signing this Registration form, you mandate Physimed to hold a Flu Vaccination Campaign for the season 2016. The coordinator of the Campaign will contact you to confirm and determine a date and time for holding your Vaccination clinic.

I hereby \_\_\_\_\_ have read and understand this document and I agree to abide by the terms and conditions mentioned.

(Last and First Name)

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

(This document sent by email is taken as proof of your signature)

**For any questions regarding the Influenza Vaccination Campaign, please contact corporation service at 514 747-8088 or [corpo@physimed.com](mailto:corpo@physimed.com)**