

FAX or MAIL completed request form to:
BarnesCare, (314) 747-6058
Attn: Jane Myers, 5000 Manchester, St. Louis, MO 63110



ON-SITE FLU SHOT SCHEDULING REQUEST

Date: _____

Company Name: _____

Contact Name: _____

Address: _____ Zip: _____

Major Intersections: _____

Telephone: _____ Fax: _____

Email Address: _____

Number of Employees to Receive Shot: _____

Day of the Week Requested	Time Requested
First Preference:	
Second Preference:	
Third Preference:	

The price of the flu shot is \$25.00 each. A nurse's fee of \$50.00 per hour will be charged for times scheduled before 8:00 a.m. or after 4:30 p.m., on weekends, or if less than 20 employees per hour receive shots. A BarnesCare representative will contact you with the date and time scheduled for your company. If you need additional information, please call (314) 727-0078.

This section will be completed by a BarnesCare representative

Date/Time Scheduled: _____

Notes: