

CLINIC INTAKE FORM

GREGG COUNTY IMMUNIZATIONS



Today's Date:

Requesting Organization:

Contact Name:

Contact Phone Number:

CLINIC INFORMATION

Contact Email:

Date Desired for Clinic:

Clinic Hours

Street Address

City

State

Zip code

Name of Location

Approximate number of vaccines

Vaccines to bring:

Circle which Age Group

Select all that applies

Pediatric Doses
6wk-18yr

Adult Doses
19+

- | | |
|-----------------------------------|------------------------------------|
| <input type="radio"/> DTaP | <input type="radio"/> MCV4 |
| <input type="radio"/> IPV | <input type="radio"/> Meningitis B |
| <input type="radio"/> Hepatitis B | <input type="radio"/> HPV |
| <input type="radio"/> PCV-13 | <input type="radio"/> Influenza |
| <input type="radio"/> Rotavirus | <input type="radio"/> COVID |
| <input type="radio"/> HIB | |
| <input type="radio"/> Hepatitis A | |
| <input type="radio"/> MMR | |
| <input type="radio"/> Varicella | |
| <input type="radio"/> TdaP | |

For further questions please contact:

Ashley Sloan, LVN

Immunization Program Manager

Gregg County Immunizations

903-237-2605

THANK YOU FOR YOUR INFORMATION