



**c/o Eastern Suffolk BOCES
201 Sunrise Highway
Patchogue, New York 11772
Telephone: 631-687-3140
Fax: 631-687-3067**

EAST END HEALTH PLAN 2016 FLU SHOT CLINIC

Flu Shot Registration Form

You must register in advance to receive your flu shot

IF YOU REGISTER AND YOU FAIL TO ARRIVE TO RECEIVE YOUR FLU SHOT, YOU WILL BE BILLED \$25.00 FOR THE COST OF THE SHOT.

A. If you are planning to receive your flu shot at your school district or the district that you retired from, mail this form to the attention of the Health Plan Coordinator.

B. If you are planning to receive your flu shot at a location other than your current or former school district, mail this form to the attention of the Health Plan Coordinator of the district at which you are planning to receive your flu shot. A listing of the Health Plan Coordinators, with their contact information, can be found on our website at www.eehp.org.

Please return this form no later than September 12, 2016 for the Montauk site or September 19, 2016 for all other sites, as indicated above.

Name(s): _____

School District: _____

Your e-mail address: _____

Your telephone number: _____

School location that I will go to for my flu shot: _____

Any questions regarding the flu clinic should be directed to Mr. Frank Perry at 516-659-3138 or fperry@eehp.org

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**Mr. Frank Perry
Operations Administrator**

Participating Districts

**East Quogue UFSD
Eastern Suffolk BOCES
Greenport UFSD
Montauk UFSD
New Suffolk Common S.D.
Oysterponds UFSD
Quogue UFSD
Remsenburg-Speonk UFSD
Shelter Island UFSD
Southampton UFSD
Southold UFSD
Tuckahoe Common SD
Westhampton Beach UFSD**