

VLCT FLU CLINIC REMINDER

VERMONT LEAGUE OF
CITIES AND TOWNS

89 Main Street Suite 4
Montpelier, VT 05602
Phone: 802-229-9111
Fax: 802-229-2211

THIS IS TO REMIND YOU THAT YOU ARE
SCHEDULED FOR A FLU VACCINATION.



NAME _____

DATE _____

TIME _____

LOCATION _____

PLEASE ARRIVE 10 MINUTES EARLY
AND BRING A PHOTOCOPY OF YOUR
INSURANCE CARD.



VERMONT LEAGUE
OF CITIES & TOWNS

*Serving and
Strengthening
Vermont Local
Governments*

VLCT FLU CLINIC REMINDER

VERMONT LEAGUE OF
CITIES AND TOWNS

89 Main Street Suite 4
Montpelier, VT 05602
Phone: 802-229-9111
Fax: 802-229-2211

THIS IS TO REMIND YOU THAT YOU ARE
SCHEDULED FOR A FLU VACCINATION.

NAME _____

DATE _____

TIME _____

LOCATION _____

PLEASE ARRIVE 10 MINUTES EARLY
AND BRING A PHOTOCOPY OF YOUR
INSURANCE CARD.



VERMONT LEAGUE
OF CITIES & TOWNS

*Serving and
Strengthening
Vermont Local
Governments*

VLCT FLU CLINIC REMINDER

VERMONT LEAGUE OF
CITIES AND TOWNS

89 Main Street Suite 4
Montpelier, VT 05602
Phone: 802-229-9111
Fax: 802-229-2211

THIS IS TO REMIND YOU THAT YOU ARE
SCHEDULED FOR A FLU VACCINATION.

NAME _____

DATE _____

TIME _____

LOCATION _____

PLEASE ARRIVE 10 MINUTES EARLY
AND BRING A PHOTOCOPY OF YOUR
INSURANCE CARD.



VERMONT LEAGUE
OF CITIES & TOWNS

*Serving and
Strengthening
Vermont Local
Governments*

VLCT FLU CLINIC REMINDER

VERMONT LEAGUE OF
CITIES AND TOWNS

89 Main Street Suite 4
Montpelier, VT 05602
Phone: 802-229-9111
Fax: 802-229-2211

THIS IS TO REMIND YOU THAT YOU ARE
SCHEDULED FOR A FLU VACCINATION.

NAME _____

DATE _____

TIME _____

LOCATION _____

PLEASE ARRIVE 10 MINUTES EARLY
AND BRING A PHOTOCOPY OF YOUR
INSURANCE CARD.



VERMONT LEAGUE
OF CITIES & TOWNS

*Serving and
Strengthening
Vermont Local
Governments*