

OCCMED ONLINE

Protecting the Health of Our Clients' Businesses.

It's Time to Schedule Employee Seasonal Flu Vaccinations

Who Should Get the Flu Shot?

According to the U.S. Center for Disease Control and Prevention, anyone who wants to reduce their risk of the flu should get a flu vaccine.

The flu shot is an inactivated vaccine (containing killed virus) that is given with a needle, usually in the arm. The flu shot is approved for use in people older than 6 months, including healthy people and people with chronic medical conditions.

Each vaccine contains three influenza viruses-one A (H3N2) virus, one A (H1N1) virus, and one B virus. The viruses in the vaccine change each year based on international surveillance and scientists' estimations on types and strains which will circulate.

About 2 weeks after vaccination, antibodies that provide protection against influenza virus infection develop in the body.

What is novel H1N1 (swine flu)?

Novel H1N1 (referred to as "swine flu" early on) is a new influenza virus causing illness in people. First detected in the US in April 2009, the virus spreads in much the same way as seasonal influenza viruses spread. There is no vaccine available right now to protect against novel H1N1 virus. However, a novel H1N1 vaccine is currently in production, but not ready for distribution. We will keep you updated as information is available.

Tips to Share with Employees...

- ▶ Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- ▶ Wash your hands often with soap and water, especially after you cough or sneeze.
- ▶ Avoid touching your eyes, nose or mouth.
- ▶ Try to avoid close contact with sick people.
- ▶ **Get a Flu Shot!**

Send Us this Form to Schedule Your Company's Flu Vaccinations

Please complete and sign this form. Fax to Attn: Mobile Coordinator; 757-494-1973, cell phone: 757-435-9534, or email: kstewart@tmd.bz. Your company contact will receive a call from our Mobile Coordinator to complete the scheduling process.

Estimated # of Participants: _____ Please identify requested services and employee counts.

Date of On-site Event:

1st Choice: _____ **Time:** _____ **2nd Choice:** _____ **Time:** _____

Company: _____	Date: _____
Address: _____	Office: _____
City, State, Zip: _____	Cell: _____
Contact Name: _____	Fax: _____
Authorizing Signature* _____	Email: _____

Flu Vaccination: \$25.00 per test (10-person minimum)



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