

## **The Vaccination Clinic at Baldwin School is Back !!!**

Baldwin School Infirmary will be offering a vaccination clinic on **Wednesday, October 23, 2019, from 1:30pm to 4:00pm** for our community (students, employees, and their family members) to receive the seasonal Flu Vaccine at our facilities. The vaccination clinic will be held at the VPAC Main Hall and the service will be provided by Doctor Carlos Comas' staff.

To participate in the clinic you must fill out the information requested at the end of this letter and bring it to the Infirmary no later than **Monday, October 21**. On the day of the vaccination clinic you must bring the health insurance card(s) of the person(s) that will be receiving the vaccine. The cost of the vaccine will be billed to your health insurance. **Reforma de Salud and PROSSAM will not be accepted.** The cost of the influenza vaccine for individuals whose medical insurance does not cover the shot is \$30.00. **The student's parent/guardian (or designated adult) should be present during the vaccination process.**

### **The day of the clinic, Dr. Comas' staff will be offering other vaccines such as:**

- For teens aged 11 to 18: Human Papillomavirus (HPV), Meningococcal (MCV), Hepatitis A, Varivax, and Tetanus and Pertussis (Tdap).
- For people aged 60 and over: Shingles, Pneumonia, and Tdap. **(Please notice that Shingles only by previous order).**
- Vaccines required by the Puerto Rico Department of Health for children aged less than 11 years old.

All vaccines to be administered are recommended by the Puerto Rico Department of Health, the Center for Disease Control (CDC) and the Advisory Committee on Immunization Practices (ACIP).

If you have questions contact Baldwin School Nurse Betzaida Rivera at 787- 720- 2421 or by email at [brivera@baldwin-school.org](mailto:brivera@baldwin-school.org)

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### **Below is the Information you should submit to the Infirmary by Tuesday September 25, 2018:**

Last Name, Second Last Name and the Name of the person that will receive the vaccine:

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Vaccine(s) \_\_\_\_\_

Primary Health Insurance \_\_\_\_\_ Contract Number \_\_\_\_\_ Other Health Insurance \_\_\_\_\_ Contract Number \_\_\_\_\_ Phone Number \_\_\_\_\_

(Personnel from Dr. Comas' office will be calling to let you know the co-pay if it applies.)