



Please fill the following form and send it to tnghuyen@cmipq.com

PROVIDER

Clinique de Médecine Industrielle
et Préventive du Québec
1665, rue Ste-Catherine O., 3e étage
Montréal (Qc) H3H 1L9
Tél.: (514) 931-0801



CLIENT

Company _____
Address _____
Office/suite _____
City _____
Postal Code _____

Vaccins	Number PP.	Required Doses	Cost/dose	Total
Antigrippal (QUADRIVALENT)			\$	- \$
HA Adulte - Havrix			\$	- \$
HAB Adulte - Twinrix			\$	- \$
HB Adulte - Engerix			\$	- \$
Méningocoque (Nimenrix ou Menactra)			\$	- \$
Pneumovax			\$	- \$
Rage (Rab-Averet)			\$	- \$
Rage (Imovax)			\$	- \$
Tétanos (TD Absorbée)			\$	- \$
Zona - Shingrix			\$	- \$
Zona - Zostavax			\$	- \$

Please note that you will be charged for the number of vaccines ordered.

Nurse fees (for estimated costs)	Unit cost
Hourly fee per nurse (8 am–5 pm) – Minimum 1 hour	50\$/hour
Overtime (before 8 am or after 5 pm)	75\$/hour
Travel time of the nurse	50\$/hour
Mileage	0,60\$/km
Taxi (if applicable)	
Parking fees (if applicable)	

Will your employees pay for their vaccine(s) during the vaccination clinic ?	
No – Our company will bear the cost of the vaccines.	
Yes – we will collect the vaccine money and hand it over to the nurse of the C.M.I.P.Q.	
Yes – The C.M.I.P.Q. will provide us with the services of a clerk. at 35\$/hour with its travel time at 35\$/hour and its mileage at 60\$/hour.	

Contact-Person	
First / last name :	_____
Function :	_____
Phone number :	_____ Post : _____
Email :	_____

Preferences (date and hour) for your vaccination clinic			
Vaccine	Dose 1	Dose 2	Dose 3
(specify the name)	Date/prefered hour	_____ after dose 1	_____ after dose 2

A nurse gives an average of 15 vaccines per hour.
She will be present 15 minutes before the first vaccine and 20 minutes after the last vaccine.

Would you like the nurse to stay longer ?

Please note that you will be charged for the time spent of the nurse

Yes, from (start) : _____ to (ending hour): _____

Do you want the online appointment booking service for your employees ?

No

Yes (more than 15 participants required) - \$ _____

Would you desire receipts for the participants ?

No

Yes

In witness whereof, both parties signed in : _____, Québec.

Clinique de Médecine Industrielle et Préventive du Québec

Authorized representative

Client

Authorized representative

Print name

Print name