



**WASH YOUR HANDS,  
COVER YOUR COUGH,  
and GET YOUR FLU SHOT!**  
Sanders County Public Health Department  
"Drive Thru" Flu Clinic schedule –  
All ages welcome!

**SENIOR CENTER  
CLINIC SCHEDULE**

**PLAINS SENIOR CENTER**  
205 Meany St  
October 13<sup>th</sup>  
10 am – 12 pm

**THOMPSON FALLS SENIOR  
CENTER**  
1191 Mnt Silcox Dr  
October 14<sup>th</sup>  
3 pm – 5:30 pm

**TROUT CREEK SENIOR  
CENTER**  
18 Larch St  
October 19<sup>th</sup>  
4:30 pm – 6:00 pm

**HOT SPRINGS SENIOR CENTER**  
101 Main St  
October 20<sup>th</sup>  
11:30 am – 1:30 pm

**NOXON SENIOR CENTER**  
207 2nd St  
October 25<sup>th</sup>  
4:30 pm – 6:00 pm

**HERON SENIOR CENTER**  
27 Railroad Ave  
October 27<sup>th</sup>  
4:30 pm – 6:00 pm

**DIXON SENIOR CENTER**  
106 3rd St  
November 10<sup>th</sup>  
4:00 pm – 5:30 pm

**DRIVE THRU  
CLINIC SCHEDULE**

**NOXON**  
Ambulance Barn  
(Railroad Rd)  
October 6<sup>th</sup>  
10 am -12 pm

**TROUT CREEK**  
Fire Station Hall  
(Trout Creek park)  
October 6<sup>th</sup>  
3 pm - 6 pm

**THOMPSON FALLS**  
Community Center  
(410 Golf St)  
October 13<sup>th</sup>  
3 pm - 6 pm

**PLAINS**  
Fairgrounds  
(30 River Road W)  
October 20<sup>th</sup>  
3 pm - 6 pm

**HOT SPRINGS**  
Main Street  
(behind Spring Street Auto)  
October 27<sup>th</sup>  
11 am - 1 pm

**Please complete the form below  
and bring to the flu clinic**

For any questions please call the Sanders County  
Health Department at 406-827-6931.

**Please wear appropriate clothing  
(short sleeve shirts) to allow access to arm.**

I give my permission to receive a flu vaccine from the  
Sanders County Public Health Department.

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Insurance/health coverage information.**

\_\_\_ Medicare # \_\_\_\_\_

\_\_\_ Medicare Supplemental Insurance name:  
\_\_\_\_\_

Member ID # \_\_\_\_\_

\_\_\_ Health Insurance Company (BlueCross BlueShield,  
Allegiance, Tricare, United Health Care, etc)

Name: \_\_\_\_\_

Member #: \_\_\_\_\_ Group #: \_\_\_\_\_

Company contact Phone #: \_\_\_\_\_

\_\_\_ Medicaid (HMK Plus) Member ID# \_\_\_\_\_

\_\_\_ Do not have health insurance coverage

I authorize the Sanders County Public Health Department  
to enter my flu vaccine into the Immunization Information  
System (IIS). The IIS is a confidential, computer system  
that contains immunization records that medical facilities/  
providers will be able to see.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_