**Insert name of Hospital and Health Service here**

Staff vaccination clinic

**Staff: Come and see us for your influenza, hepatitis B,**

**measles, chickenpox, or whooping cough vaccine**

**Drop-in clinic – no appointment needed /
Please phone xxxx xxxx to make an appointment**

Where: Level A, Building B, This Hospital Campus

When: xx:xx am – xx:xx am, each xxxday

Contact xxxx xxxx or email xxxxx@health.qld.gov.au
for further information.