



**Gregg County Health Department  
405 E. Marshall Avenue  
Longview, TX 75601  
903-236-1760**

- Gregg County offers Immunizations to the following children free of charge:
  - Medicaid
  - Uninsured
  - Underinsured (must have proof that Immunizations are not covered under Insurance Plan)
  - Native American/Native Alaskan Heritage
- Please bring current shot record with you to our office when wanting Immunizations.
- Office hours:

**::DISCLAIMER::**

We are a walk in clinic ONLY. Our shot clinic hours can vary at times, due to the nature of our programs. If you are in question, please contact our office to ensure we are open.

Monday, Wednesday, Friday 8:30-11:15 and 1:00-3:45

We are **CLOSED** on Tuesdays and Thursdays!

- On the second Wednesday of every month we open at 7:30 and offer vaccines through the lunch hour!



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- El Condado de Gregg ofrece las siguientes inmunizaciones a los niños de manera gratuita:
  - Medicaid
  - No tienen seguro de salud
  - No Asegurados Subasegurado (debe tener una prueba de que las vacunas no son cubiertas bajo el Plan de Seguros)
  - Nativos Americanos Nativos/ Patrimonio de Alaska
  
- Por favor traiga recient registro de vacunas actual
  
- las horas de oficina son:

**::DESCARGO DE RESPONSABILIDAD::**

Somos una clínica ambulatoria SOLAMENTE. El horario de nuestra clínica de vacunas puede variar a veces, debido a la naturaleza de nuestros programas. Si tiene alguna pregunta, comuníquese con nuestra oficina para asegurarse de que estemos abiertos.

**Lunes, miércoles, viernes 8:30-11:15 y 1:00-3:45**

**¡Estamos CERRADOS los martes y jueves!**

- El segundo miércoles de cada mes abrimos a las 7:30 para ofrecer vacunas a través de la hora Del almuerzo!

# CLINIC INTAKE FORM

GREGG COUNTY IMMUNIZATIONS



Today's Date:

Requesting Organization:

Contact Name:

Contact Phone Number:

## CLINIC INFORMATION

Contact Email:

Date Desired for Clinic:

Clinic Hours

Street Address

City

State

Zip code

Name of Location

Approximate number of vaccines

# Vaccines to bring:

Circle which Age Group

Select all that applies

**Pediatric Doses**

6wk-18yr

**Adult Doses**

19+

- |                          |             |                          |              |
|--------------------------|-------------|--------------------------|--------------|
| <input type="checkbox"/> | DTaP        | <input type="checkbox"/> | MCV4         |
| <input type="checkbox"/> | IPV         | <input type="checkbox"/> | Meningitis B |
| <input type="checkbox"/> | Hepatitis B | <input type="checkbox"/> | HPV          |
| <input type="checkbox"/> | PCV-13      | <input type="checkbox"/> | Influenza    |
| <input type="checkbox"/> | Rotavirus   | <input type="checkbox"/> | COVID        |
| <input type="checkbox"/> | HIB         |                          |              |
| <input type="checkbox"/> | Hepatitis A |                          |              |
| <input type="checkbox"/> | MMR         |                          |              |
| <input type="checkbox"/> | Varicella   |                          |              |
| <input type="checkbox"/> | Tdap        |                          |              |

For further questions please contact:

*Ashley Sloan, LVN*  
Immunization Program Manager  
Gregg County Immunizations