

2008 Influenza Vaccination QI Fund Project

Sample Letter Survey

Date

Member_ First Name Member_ Last Name
Address
City, State, Zip

Dear Member First and Last Name:

[Name of IPA] is collecting information regarding flu shots provided to our members and requests your assistance. After completion of this form, please **return it in the enclosed self addressed stamped envelope within 10 days.**

Did you receive a flu shot between September 1, 2007 and February 28, 2008?

_____ YES If yes, where did you receive it? _____

 If yes, what month and year did you receive your shot? _____

_____ NO No further information is required. Please discuss with your physician whether you should have a flu shot next fall.

Thank you for your assistance in obtaining this information!

Sincerely,

[IPA Contact]