

## Board of Health Sidney-Shelby County

202 W. Poplar Street, Sidney, OH 45365

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## Immunization Voucher

Company Name:		
Contact Name:		
Contact Phone #:		
Billing Address:		
Employee Name	Employee DOB	
Vaccine(s)		
Payment to the Sidney-Shelby performed.	y County Health Department will be rendered af	ter services are
Thank You.		
	Signature of authorized personnel	Date