



Elkhart County Health Department

**FOR APPOINTMENTS OR  
INFORMATION**

**CALL:  
574-523-2127**

\*

**PARA CITA O INFORMACION  
LLAMAR AL:**

**574-523-2127**

# HELPFUL WEBSITES

**ELKHART COUNTY HEALTH DEPARTMENT**  
[HTTPS://HEALTH.ELKHARTCOUNTY.COM/EN/](https://health.elkhartcounty.com/en/)

**MY VAX INDIANA**  
[WWW.MYVAXINDIANA.IN.GOV/](http://www.myvaxindiana.in.gov/)

**ISDH - INDIANA STATE DEPARTMENT OF HEALTH**  
[WWW.IN.GOV/ISDH](http://www.in.gov/isdh)

**CDC - IMMUNIZATIONS**  
[WWW.CDC.GOV/VACCINES/INDEX.HTML](http://www.cdc.gov/vaccines/index.html)

**\* CALL US OR YOUR FAMILY  
PHYSICIAN FOR MORE INFORMATION  
REGARDING VACCINES\***

**\*LLAMENOS O LLAME SU DOCTOR DE  
FAMILIA PARA MAS INFORMACION  
SOBRE VACUNAS.\***



**Public Health**  
Prevent. Promote. Protect.

# ECHD IMMUNIZATION CLINICS



**IMMUNIZATIONS FOR CHILDREN,  
ADOLESCENTS AND ADULTS**

**VACUNAS PARA NIÑOS, ADOLESCENTES Y  
ADULTOS**

[HTTPS://HEALTH.ELKHARTCOUNTY.COM/EN/](https://health.elkhartcounty.com/en/)



CLINIC SITES: LOCATIONS ARE NOT STAFFED AT ALL TIMES.



SITIOS UTILIZADOS PARA CLÍNICAS: NO SIEMPRE CONTAMOS CON PERSONAL EN ESTAS LOCALIDADES.

PLEASE CALL 574-523-2127 FOR COST OF VACCINES AND TO SCHEDULE APPOINTMENTS FOR ALL CLINIC LOCATIONS.



POR FAVOR LLAME AL 574-523-2127 PARA INFORMARSE SOBRE EL COSTO DE LAS VACUNAS Y PROGRAMAR CITAS PARA CUALQUIERA DE NUESTROS SITIOS CLÍNICO.

## SITES

\*ELKHART – ELKHART COUNTY HEALTH DEPARTMENT :  
608 OAKLAND AVE ELKHART, IN 46516

\*MIDDLEBURY – FIRST MENNONITE CHURCH:  
203 E. LAWRENCE STREET MIDDLEBURY, IN 46540

\*NAPPANEE – FIRST BRETHERN CHURCH:  
1600 N. MAIN STREET NAPPANEE, IN 46550

\*MILLERSBURG - FIRE STATION:  
500 CARRIAGE LANE MILLERSBURG, IN 46543

\*CLINTON FRAME CHURCH:  
63846 CR 35 GOSHEN, IN 46528

**IMPORTANT:  
MUST BRING  
WITH YOU TO  
EACH  
CLINIC VISIT:**



**IMPORTANTE:  
DEBE TRAER  
CON UD. LO  
SIGUIENTE A  
CADA CITA:**

\*COMPLETE AND CURRENT VACCINE RECORD

\*PICTURE ID OF PARENT, GUARDIAN, AND PATIENT (IF PATIENT IS OVER THE AGE OF 16 YEARS OLD)

\*SIGNED PERMISSION BY PARENT/GUARDIAN IF OTHER INDIVIDUAL, INCLUDING A STEP PARENT, BRINGS CHILD TO APPOINTMENT.

\*INDIVIDUAL BRINGING CHILD TO APPOINTMENT MUST BE AGE 18 YEARS OR OLDER.

\*ANY PAPERWORK PERTAINING TO CUSTODY MUST ALSO BE BROUGHT TO APPOINTMENT.

\*PAYMENT BY CASH, CHECK OR CREDIT CARD. THERE IS A CONVENIENCE FEE FOR CREDIT CARD PAYMENTS.

\*IF YOU ARE 10 MINUTES LATE FOR YOUR APPOINTMENT YOU MAY BE ASKED TO RESCHEDULE.

\*THE STAFF WOULD APPRECIATE IT IF YOU COULD PROVIDE YOUR OWN TRANSLATOR FOR THE VISIT.

\*REGISTRO DE VACUNAS DE CADA NIÑO QUE TIENEN CITA.

\*IDENTIFICACIÓN CON FOTO, DE PADRE/GUARDIAN (SI EL PACIENTE TIENE 16 AÑOS O MAS)

\*PERMISO FIRMADO POR PADRE/GUARDIAN SI OTRA PERSONA (TIENE QUE SER MAYOR DE 18 AÑOS)

TRAJE AL NIÑO A LA CLÍNICA

\*CUALQUIER DOCUMENTO QUE TENGA QUE VER CON LA CUSTODIA DEL NIÑO/A TIENE QUE TRAERLO A SU CITA

\*SE ACEPTA EFECTIVO, CHEQUE O TARJETAS DE CRÉDITO. SE COBRA UN CARGO EXTRA POR USAR TARJETA

\*SI LLEGA 10 MINUTOS TARDE, TENDRÁ QUE HACER UNA CITA NUEVA.

\*APRECIAMOS SI PUEDE TRAER UN INTERPRETE CUANDO VENGA A LA CITA.