

Company name : _____

Date of vaccination : _____

Did Servirplus answer to your needs in regards to :	Perfect	Very Satisfied	OK	Dissatisfied	Comments
Info given for the vaccination campaign's preparation					
Phone communication					
Nurses punctuality					
Speed and quality of service					
Information given by nurses					
In overall terms, how would you evaluate the services of Servirplus for your company's vaccination campaign?					

Would you be ready to use our services again?

YES

NO

If not, why ? _____

Would you recommend Servirplus's services to other companies ?

YES

NO

Which companies would you have in mind ? _____

CONTACT	POSITION	PHONE

Would you like to receive additional information on Servirplus service offers?

Taking of blood samples (in clinic, at home, at work)

Travel care (advice, vaccines, etc.)

Home caretaking (beneficiary attendant, nurse, auxiliary nurse)

Vaccination (Lockjaw, Gardasil, Zona, etc.)

Health service (cholesterol and diabetes screening, etc.)

Name of evaluator : _____