**Client Clinic Prep Guide**

At Pathways Wellness Program, we want to make your onsite clinic a success! To help your team have a smooth and seamless experience, we’ve prepared a helpful checklist and sample employee communications.

These tools guide you through everything from preparing the space and promoting the clinic to managing day-of activities, ensuring your employees know what to expect and your clinic runs efficiently.

**Before the Clinic**

**Communications:**

* Send an **email to employees** (see sample language below)

**Signage & Promotion:**

* Place signs in common areas (lobby, break rooms, near elevators) to remind employees of the clinic.
* Post any digital announcements in internal newsletters or intranet.

**Space Preparation:**

* Reserve a room or area with tables and chairs
* Make sure the space has adequate lighting

**What Pathways Needs From You Day-of Event**

* **Designated clinic space** ready with tables and chairs.
* **Internal contact** available to assist employees and answer questions.

**What you can expect from us:**

-**6 weeks before clinic:** Registration Link (if registering online)
-**3 weeks before clinic**:  A registration listing of those who are signed up
- **10 days before clinic**: Final reminder email! Link closes in 2 days.
Introduction to the Team Lead who will be onsite at your event.

## **Sample Employee Email TemplateS**

**First:** Choose your Registration Option: *Online registration* or *Walk-ins only* or *Physical sign-up list*

**Next**: Customize to meet your group’s needs:

Date/Time/Location (you can copy this from the Clinic Confirmation Email)

**1️⃣ Online Registration Email — Link Closes 8 Days Before**

**Subject:** Pathways Wellness Program Coming Onsite – Reserve Your Spot Today!

**Body:**
Hello [Employee Name],

Pathways Wellness Program will be onsite to offer an onsite immunization clinic – right here at work!

📅 **Date:** [Insert date]
🕒 **Time:** [Insert time]
📍 **Location:** [Insert location]

💉 **Vaccines Available:** [Insert vaccine list here – e.g., Flu, Tdap, Shingles, Hepatitis B, etc.]

👉 **Register online here:** [Insert registration link]
**Registration closes 8 days before the clinic**, so don’t wait — sign up now to reserve your spot!

Walk-ins are always welcome for flu shots.

***Optional***: **Please bring your insurance card** to your appointment.

If you have questions, please contact [Internal Contact Name] at [Internal Contact Email/Phone].

We look forward to seeing you onsite!

**Pathways Wellness Program Team**
*Wellness made easy, right where you work.*

**2️⃣ Walk-In Only Email — No Registration Required**

**Subject:** Pathways Wellness Program Onsite – Walk Right In for Your Immunization!

**Body:**
Hello [Employee Name],

Pathways Wellness Program will be onsite to offer an onsite immunization clinic – right here at work!

No registration is needed — just stop by during the clinic hours below!

📅 **Date:** [Insert date]
🕒 **Time:** [Insert time]
📍 **Location:** [Insert location]

💉 **Vaccines Available:** [Insert vaccine list here]

Walk-ins are welcome and encouraged — especially for flu shots!

***Optional***: **Please bring your insurance card** to your appointment.

Questions? Contact [Internal Contact Name] at [Internal Contact Email/Phone].

Stay healthy and protected this season!

**Pathways Wellness Program Team**
*Wellness made easy, right where you work.*

**3️⃣ Physical Sign-Up List Email — Sign Up at Work**

**Subject:** Pathways Wellness Program Onsite – Sign Up on the Office List

**Body:**
Hello [Employee Name],

Pathways Wellness Program will be onsite to offer an onsite immunization clinic – right here at work!

📅 **Date:** [Insert date]
🕒 **Time:** [Insert time]
📍 **Location:** [Insert location]

💉 **Vaccines Available:** [Insert vaccine list here]

👉 **Register:** Please add your name to the **sign-up sheet located at [Insert location of physical sign-up sheet]** to reserve your time slot.

***Optional***: **Please bring your insurance card** to your appointment.

If you have any questions, reach out to [Internal Contact Name] at [Internal Contact Email/Phone].

We look forward to seeing you at the clinic!

**Pathways Wellness Program Team**
*Wellness made easy, right where you work.*



 IMMUNIZATION Sign Up Sheet

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| --- | --- | --- | --- | --- | --- |
| Time | Name | Phone | Company Insurance? | Flu | cOvid-19 (pfizer) |
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