

## CERTIFICATE OF APPRECIATION

In gratitude of your work to host an adult immunization clinic, we would like to acknowledge your efforts to protect people 65 years and older who bear the greatest burden of severe flu disease and potentially fatal pneumococcal infections.

> Thank you for your interest in improving health, improving care and lowering cost for people with Medicare.

Awarded on \_\_\_\_\_

Awarded by \_\_\_\_\_





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