



SIGN-UP SHEET

Please print your name and circle one or two vaccinations* you wish to receive. We can administer only 2 vaccines per person. * You may not have a Pneumonia and TDaP at the same time.

CLINIC DATE: _____ Location: _____

Please print name clearly

Please circle F and/or P for

Flu Pneumonia Tetanus

1.	-----	F	P	T
2.	-----	F	P	T
3.	-----	F	P	T
4.	-----	F	P	T
5.	-----	F	P	T
6.	-----	F	P	T
7.	-----	F	P	T
8.	-----	F	P	T
9.	-----	F	P	T
10.	-----	F	P	T
11.	-----	F	P	T
12.	-----	F	P	T
13.	-----	F	P	T
14.	-----	F	P	T
15.	-----	F	P	T
16.	-----	F	P	T
17.	-----	F	P	T
18.	-----	F	P	T
19.	-----	F	P	T
20.	-----	F	P	T