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www.milehiimmunizations.com

SIGN-IN SHEET

This form is your only record of individuals who actually received a flu shot.
We do not include names on the billing statement. Make copies as needed

CLINIC DATE: _____

COMPANY: _____

Please print name clearly

Flu Please circle 1 or 2
 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