

# Flu Shot

Information about receiver of the flu shot.

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Name of Receiver) (Birth Date)

\_\_\_\_\_ (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
(TVIN/SS#) (Phone)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Information about administration of the flu shot.

\_\_\_\_\_ (\_\_\_\_)-\_\_\_\_-\_\_\_\_  
(Facility) (Phone)

\_\_\_\_\_ (Address) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip)

Brand Name	Lot Number	Date Admin.

This flu shot covers \_\_\_\_\_

\_\_\_\_\_  
(Immunizer Signature)