

On-Site Immunizations: Sign Up Sheet

Clinic Date: _____

Time: _____

		Flu Shot	FluMist Nasal Spray Based Upon availability	Pneumococcal Vaccine
1	_____	Shot	Nasal spray	P
2	_____	Shot	Nasal spray	P
3	_____	Shot	Nasal spray	P
4	_____	Shot	Nasal spray	P
5	_____	Shot	Nasal spray	P
6	_____	Shot	Nasal spray	P
7	_____	Shot	Nasal spray	P
8	_____	Shot	Nasal spray	P
9	_____	Shot	Nasal spray	P
10	_____	Shot	Nasal spray	P
11	_____	Shot	Nasal spray	P
12	_____	Shot	Nasal spray	P
13	_____	Shot	Nasal spray	P
14	_____	Shot	Nasal spray	P
15	_____	Shot	Nasal spray	P
16	_____	Shot	Nasal spray	P
17	_____	Shot	Nasal spray	P
18	_____	Shot	Nasal spray	P
19	_____	Shot	Nasal spray	P
20	_____	Shot	Nasal spray	P
21	_____	Shot	Nasal spray	P
22	_____	Shot	Nasal spray	P
23	_____	Shot	Nasal spray	P
24	_____	Shot	Nasal spray	P
25	_____	Shot	Nasal spray	P