

On-Site Immunizations: Sign Up Sheet

Please circle F or P to indicate vaccine(s) to receive: Flu and/or Pneumococcal.

Clinic Date: _____

Time: _____

		Flu Shot	Pneumococcal Shot
1	_____	F	P
2	_____	F	P
3	_____	F	P
4	_____	F	P
5	_____	F	P
6	_____	F	P
7	_____	F	P
8	_____	F	P
9	_____	F	P
10	_____	F	P
11	_____	F	P
12	_____	F	P
13	_____	F	P
14	_____	F	P
15	_____	F	P
16	_____	F	P
17	_____	F	P
18	_____	F	P
19	_____	F	P
20	_____	F	P
21	_____	F	P
22	_____	F	P
23	_____	F	P
24	_____	F	P
25	_____	F	P