

Influenza Vaccination

Adult Form

Dear Patient,

Our Comprehensive Primary Care program recommends and provides Influenza Vaccination for adults as well as their children.

Protect yourself, your children and your community!

Please provide us with the following information in order to vaccinate you against influenza for the upcoming season.

A separate form for children is available.

Please fill a separate form for each person!

1. Your name:

2. Mailing and/or Billing Address:

3. Date of birth:

4. History of previous influenza vaccination
(please provide details; dates and documents if you have any):

5. History of allergy to eggs: YES or NO

If your answer is yes, please describe the reaction that happened exactly: