



A Professional Health Care LLC Company, Established 1989

Flu Vaccination Record

DO NOT use this form for Medicare or Insurance Clients

FLU VACCINATION CONSENT, RELEASE, & DISCHARGE

This store/business is providing space for Get A Flu Shot.com to provide flu vaccinations as a community service and is receiving no money from the proceeds of these flu vaccinations.

In order to induce this store/ business to host the Flu Shot Program as a public service to customers and members of the general public, the undersigned, on behalf of myself, my heirs, personal representatives and assigns, does hereby fully and forever waive and release Sponsor, its officers, directors, employees and agents from and against any and every claim, loss, liability, demand, action and damages whatsoever resulting from or arising out of my participation in this Flu Shot Program.

I have read the accompanying information and hereby request an influenza vaccination

I have never had Guillain-Barre Syndrome.

I am not allergic to eggs or Thimersol (a mercury product)

Name (Please Print)	Signature	Which DELTOID? (Upper Arm)
1. _____	X	
address _____		L. R. Check / Cash
2. _____	X	
address _____		L. R. Check / Cash
3. _____	X	
address _____		L. R. Check / Cash
4. _____	X	
address _____		L. R. Check / Cash
5. _____	X	
address _____		L. R. Check / Cash

Lot # _____ Exp. _____ Vaccine by: Evans/Powderject Aventis Wyeth or _____

Administered By: _____ Clerical Person _____

Date: _____

Location: Store Name, ID#, & City _____