Flu Immunization Registration/Release Form

(Please fill out information completely)

Registration Information

Last name **First Name** **Middle Initial** **Date of Birth** **Age**

Address **City/State** **Zip**

Home Phone **Cell**
Phone

Gender: ☐ **Female** ☐ **Male**

_____American Indian
_____Alaska Native
_____Asian
_____Black or African American
_____Hispanic or Latino
_____Native Hawaiian or Other Pacific Islander
_____White
_____Other

1. Please circle which Flu vaccine you would like: Flu Mist (Nasal) or Flu Shot
2. Is the person being vaccinated sick today? _____ Yes _____ No
3. Has the person being vaccinated ever had a serious reaction to influenza vaccine in the past? _____Yes _____No

Insurance Information: Please mark one box! Policy name or number not needed!	**No Insurance** **Medicaid** **Third Party Insurance**
Services Requested: X ***Influenza (flu shot)***	**I have requested vaccination services** from the Florida Department of Health in Putnam County as indicated above. I have received and understand information provided in the Vaccine Information Statements.

Route/Site	**Mfg./Lot #**	**Vaccine Name**
IM **X** Deltoid ______ Left______ Thigh__________ Right______		

Date Administered:______________________________

Vaccinator Signature: ______________________________

Print Vaccinator Name: ______________________________

For information, please contact The Putnam County Health Department at 2801 Kennedy Street, Palatka, FL 32177
Phone (386) 326-3200 - Fax (386) 326-3350