



SIGN-IN SHEET

CLINIC DATE: _____ COMPANY: _____

This is the only record of individuals who actually received an immunization or Health Screening

We do not include names on the billing statement. Please make copies as needed.

Please check which vaccinations or health screenings you are receiving today.

	Name	Flu	Flu Mist	Pneu- monia	TDaP
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					