



## SIGN-UP SHEET

**COMPANY:** \_\_\_\_\_ **CLINIC DATE:** \_\_\_\_\_

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

**\*You can get only two vaccinations at one time.**

	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					