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ADDITIONAL INFORMATION NEEDED FOR PATIENT'S RECORD

Have you received a **Flu Vaccination** for the current season? Yes ___ No ___

If **No**, what was the reason?

Patient Allergy _____ Patient Declined _____ Vaccine Unavailable _____

For those patients **65 Years of Age or Older-**

Have you had a **Pneumonia Vaccination**? Yes ___ No ___

Date

Patient's Name (Please Print)

**or Authorized Representative/Relationship
(If Applicable)**

Signature