

Stephen M. Sweeney
Freeholder Director

Jean DuBois
Freeholder Liaison



Gloucester County
Department of Health
and Senior Services

Division of Health

GLOUCESTER COUNTY RESIDENTS ONLY
YOU MUST SHOW PROOF OF RESIDENCY

Place address label here if you brought one

OFFICIAL USE ONLY
Site # _____ Mun Code _____

Last Name _____ First Name _____

Address _____
(Street) (Town where you vote/pay taxes)

Home Phone _____ Date of Birth _____

Have you EVER had a flu shot before?	YES	NO
Are you allergic to eggs?	NO	YES
Have you had a fever over 100° in the last 48 hours?	NO	YES

I have received the Influenza Vaccine Information Statement. I believe that I understand the benefits and the risks of Influenza Vaccine and request that the vaccine be given to me or the person named above for whom I am authorized to make this request.

Signature _____ Date _____

PLEASE TAKE YOUR JACKET OFF

OFFICIAL USE ONLY		Fluzone Influenza Vaccine Expires June 30, 2010
Site: Right Deltoid <input type="checkbox"/>	Left Deltoid <input type="checkbox"/>	<input type="checkbox"/> U3240AA
	Other _____	<input type="checkbox"/> U3237AA
RN Signature: _____		<input type="checkbox"/> U3272DA
		<input type="checkbox"/> U3270GA
		<input type="checkbox"/> U3271JA