



Flu & COVID Vaccines

Flu and COVID Bivalent Booster (until supplies last)

Complete the following:

1. Review the information statement included
2. If under 18, a parent/guardian signature is required.
3. Complete insurance/payment information
4. If possible, bring a copy of insurance card front & back.
5. If you are receiving a COVID booster, please bring your COVID vaccination card.

Name _____ DOB _____ Age _____

Address _____ Phone _____

Insurance

Insurance Provider _____ Policy # _____

Policy Holder Name _____ Relationship _____

Shot Requested (check all that apply)

- Flu
 COVID Booster

Signature: _____

(Parent/Guardian if under age 18)