

ADDITIONAL INFORMATION AS REQUIRED

Name _____ Birthdate _____

Influenza Vaccine

Check one that best fits:

- Received a flu vaccine this flu season.
- Did not receive a flu vaccine this flu season because of medical reasons.
- Did not receive a flu vaccine this flu season because I do not want one.

Pneumonia Vaccine (for patients 65 and older)

Check one that best fits:

- Received a pneumonia vaccine.
- Did not receive a pneumonia vaccine.

Do you have a Living Will or Advance Directive? YES _____ NO _____

(for patients 65 and older)

Patient Signature _____ Date _____