



Influenza Vaccine Sign-Up

Provided by Health Network for Rural Schools

Shots will be offered: _____

Cost: _____ (exact change/check please)

You will be given a receipt to send in for insurance reimbursement

1.	16.
2.	17.
3.	18.
4.	19.
5.	20.
6.	21.
7.	22.
8.	23.
9.	24.
10.	25.
11.	26.
12.	27.
13.	28.
14.	29.
15.	30.

You must sign up to receive a shot, we will be ordering vaccine based on the number signed up.