Jordan Castle, MD • Michael Doherty, MD • Todd Durham, MD • Andrew Forsyth, MD • Michael Knox, MD • Nik Kolicaj, MD
Jarrod MacFarlane, DO • Jim Morrison, MD • Bryan Mustert, MD • Jonathan Olsen, MD • Chirag Patel, MD • William Rozell, DO
William Slater, MD • Matthew Smetts, MD • Jeff VanErp, MD • Manish Varma, MD

Flu Vaccine Questionnaire

Patient Name: ____
Date of Birth: ____________________
Today's Date: ____________________

Have you had an influenza vaccine: ☐ Yes ☐ No

If yes, date of influenza vaccine: ____________________________________

If no, reason why: ____________________________________

Have you had a pneumonia vaccine: ☐ Yes ☐ No

If yes, date of pneumonia vaccine: ____

If no, reason why: ____________________________________