

# Kick the Flu out of School

## OFFICIAL ENTRY

Name \_\_\_\_\_

Teacher/Grade \_\_\_\_\_ / \_\_\_\_\_

Where did you receive your flu vaccine? \_\_\_\_\_

When did you receive your flu vaccine? \_\_\_\_\_

Signature of Health Care Professional Administering Vaccine

\_\_\_\_\_

If *medically exempt*, check here:  and have guardian sign here: \_\_\_\_\_

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