

# Vaccine clinic sign-up sheet



Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Total vaccine: \_\_\_\_\_

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both



Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both

Auto	Printed Name	Health Plan	Vaccine type*
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older
<input type="checkbox"/> CHR <input type="checkbox"/> FORD <input type="checkbox"/> GM <input type="checkbox"/> OTHER: _____	Phone number: _____		<input type="checkbox"/> COVID Booster Flu Shot: <input type="checkbox"/> under 65 <input type="checkbox"/> 65 or older

\*Member may receive COVID, Flu or both