

Building Bridges Health Fair
Flu Shot & Other Vaccine Registration Form

Please Print Clearly:

Name _____ Date of Birth _____

Unique Insurance ID _____ **OR** Last 4 digits of SSN _____

Home City _____ State _____

Please mark which Trust Fund/Union you are a **member of:**

_____ Beer Industry Local 703 – Member and Spouse only; tetanus shots not covered

_____ IUOE Local 399 – Flu vaccines only

_____ Painters District Council 30 – Members pay upfront and will be reimbursed by the Fund \$25.00 only for the flu vaccine

_____ Plumbers Local 130

_____ Suburban Teamsters of Northern Illinois

_____ SMART Local 265

I am interested in receiving the following vaccinations:

_____ Flu

_____ Pneumonia

_____ Shingles

_____ Tetanus (TdaP)

****Program Use Only Below This Line**

Vaccinations Administered (Check all that apply):

_____ Flu **Circle One:** Regular / High Dose

_____ Pneumonia **Circle One:** Pneumovax / Prevnar 13

_____ Shingles

_____ Tetanus/TdaP

Today's Date: _____

Medicare? Yes _____ No _____

Pharmacist: _____