515 East Broadway Avenue
Bismarck, ND 58501

☐ FluMist® ☐ Flu Shot

☐ Please check here if you have a known ALLERGY to eggs, gelatin or Gentamicin.

Name (Please Print) _____ Birth Date _____ Age _____

Address: _____ City _____ State _____ Zip _____

Have you received any services from UND Center for Family Medicine previously?_____

X _____
Signature (Person Receiving Vaccine or Parent/Guardian)

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