St. Paul’s Nursery School of Fairfield, Inc.

661 Old Post Road

Fairfield, CT 06824

(203) 255-1902

STATEMENT OF INFLUENZA VACCINE

PATIENT NAME:

DATE OF INNOCULATION:

THE ABOVE NAMED PATIENT WAS SEEN IN OUR OFFICE AND RECEIVED THE APPROPRIATE INFLUENZA VACCINE ON THE DATE NOTED ABOVE.

NAME OF PEDIATRICIAN:

SIGNATURE:

ADDRESS:

DATE:

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