



U.S. Department of Veterans Affairs
 Veterans Health Administration
 West Palm Beach VA Medical Center

7305 N. Military Trail
 West Palm Beach, FL 33410
www.westpalmbeach.va.gov

In Reply Refer To:
 548/00/118

IMPORTANT: If you receive the flu shot at a site outside the VA - please complete the form below and return it to the VA Medical Center so that we may update your medical record.

Print your name and address below.

Social Security Number _____ - _____ - _____

Date of Birth _____ (Month) _____ (Day) _____ (Year)

Telephone Number _____ - _____ - _____

I received the flu shot on _____ (Month) _____ (Day) _____ (Year)

Right Arm – Left Arm (circle one)

Please enter name and address of the location you received your flu shot.

Name of site:

Print the address of the site:

Return this completed form to:

(You may drop this off by bringing it to the Primary Care check-in desk on the 9th floor.)
 Nursing Service/Primary Care (118)
 West Palm Beach VA Medical Center
 7305 North Military Trail
 West Palm Beach, FL 33410