



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Southington-Cheshire Community YMCA

Flu Vaccine Record

This form must be completed yearly between September 1 and December 31

Child's Name _____ DOB _____

Address _____

Town _____ Zip _____

Flu Vaccine Administered on _____ (date)

Signature of Physician _____

Address _____

City/Town _____ Zip _____

THIS PORTION TO BE COMPLETED BY PARENT/GUARDIAN

My child has an appointment to receive the Flu Vaccine on the indicated Date _____
*Parents will be required to provide a doctor's note stating shot was received.

My child has a medical contraindication to the immunization and will not be getting the Flu Vaccine.
*Parents will be required to provide a note from the doctor about the medical contraindication.

Parent/Guardian _____ Date: _____