Flu Vaccine Reaction Form

Client Information

Client Name	Daytime Phone #	Birth date	Age
Street Address	City	State	Zip
Company Name	Company phone #		
Street Address	City	State	Zip

Vaccine Information

Manufacturer name	Lot No.	Right / Left (circle one) Site of Injection
Administered by	Date administered	

Reaction(s) observed: _____

Location of reaction(s): _____

Please mail or fax your form to:

Pleasant Health Services, Inc.,
20 Long Green Ct,
Silver Spring, MD 20906.
Tel: 301-460-6372, Fax: 301-871-4515.