

Let's Talk About the Flu – Sign in

Date:

Location:

Leader:

First Name or Participant Number	Age Group (Child, Adult, or Older Adult/Senior)	Race/ Ethnicity	Received On-site Flu Shot?	Received Flu Shot Voucher?
1.				
2.				
3.				
4.				
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7.				

First Name or Participant Number	Age Group (Child, Adult, or Older Adult/Senior)	Race/ Ethnicity	Received On-site Flu Shot?	Received Flu Shot Voucher?
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20.				

First Name or Participant Number	Age Group (Child, Adult, or Older Adult/Senior)	Race/ Ethnicity	Received On-site Flu Shot?	Received Flu Shot Voucher?
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First Name or Participant Number	Age Group (Child, Adult, or Older Adult/Senior)	Race/ Ethnicity	Received On-site Flu Shot?	Received Flu Shot Voucher?
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