

Influenza Clinic Signatures Record

This signatures record remains with the retained copies of the onwrite client records following each mass clinic.

Clinic Name	Clinic Location	Clinic Date	Clinic Time

Name (Last, First)	Signature	Initials	Designation (eg. RN, MD, etc.)	Status <i>If applicable</i>
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				