

**Age:** \_\_\_\_\_

- Have a Primary Care Provider (PCP)?  Yes  No  
Received a Flu Shot this Au 2024?  Yes  No  
Received a COVID 2023-2024 shot?  Yes  No  
Weakened Immune System?  Yes  No  
Heart Disease?  Yes  No  
Diabetes?  Yes  No  
Are you a Healthcare Worker?  Yes  No

**My Recommended Vaccines:**

- Covid 23-24  Yes  No  Talk to PCP  
Flu  Yes  No  Talk to PCP  
RSV  Yes  No  Talk to PCP  
Tdap/TD  Yes  No  Talk to PCP  
Hepatitis B  Yes  No  Talk to PCP  
Meningococcal B  Yes  No  Talk to PCP  
HPV  Yes  No  Talk to PCP  
Shingles  Yes  No  Talk to PCP  
Pneumonia  Yes  No  Talk to PCP

My Closest Pharmacy: \_\_\_\_\_

**Be Confident. Be informed. Consider Vaccination.**

---

Interested in entering a raffle? If so, please provide your Phone Number: \_\_\_\_\_

- Have you ever been vaccinated as an adult?  Yes  No  
Do you have any hesitancy towards vaccines currently?  Yes  No