If you are a Veteran enrolled for care at VAPHS and received your flu shot outside of VAPHS, please let us know.

1. Where did you receive your flu shot this season? Please be as detailed as possible:

_____

_____

2. On what date did you receive your flu shot this season? _____ 2014 / 2015

3. Name: _____
(Last) (First)

4. Please provide the last four digits of your Social Security Number: _____

Thank you for letting us know!

Mail this to:

VAPHS - University Drive campus
Attention: Christin Durham 130-U
Pittsburgh, PA 15240