



Army Health Clinic Stuttgart
Mini-Registration

Patient Information #1

Please print clearly and legibly

Patient DoD#:	Circle One: CIV GS CONT RET LN
Sponsor Social Security #:	> Circle One: AD CIV CONT RET
Last Name:	Middle Name:
First Name:	
Gender:	DOB:
COMM Phone #:	DSN:
CMR:	UIC:

***The sole purpose of this mini registration is to receive the influenza vaccine from the MTF. This does not allow other services to be rendered.**

AHC- Stuttgart Clinic Staff Only

PAD Registration Entered: ☐

MHS Genesis Vaccine Documented: ☐

MEDPROS Vaccine Documented: ☐

Comments:

Patient Information #2**Please print clearly and legibly**

Patient DoD#:	Circle One: CIV GS CONT RET LN
Sponsor Social Security #:	> Circle One: AD CIV CONT RET
Last Name:	Middle Name:
First Name:	
Gender:	DOB:
COMM Phone #:	DSN:
CMR:	UIC:

***The sole purpose of this mini registration is to receive the influenza vaccine from the MTF. This does not allow other services to be rendered.**

Patient Information #3**Please print clearly and legibly**

Patient DoD#:	Circle One: CIV GS CONT RET LN
Sponsor Social Security #:	> Circle One: AD CIV CONT RET
Last Name:	Middle Name:
First Name:	
Gender:	DOB:
COMM Phone #:	DSN:
CMR:	UIC: