



Mini-Registration
for 2023-2024
Influenza Campaign

Patient Information	
Please print clearly and legibly	
DoD#:	Circle One: CIV/GS or CONT
Sponsor DoD#:	Circle One: AD CIV CONT
Last Name:	Middle Name:
First Name:	
Gender:	DOB:
COMM Phone #:	DSN:
CMR: BOX:	UIC:

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

AHC- Stuttgart Clinic Staff Only
PAD Registration Entered: <input type="checkbox"/>
MHS Genesis Vaccine Documented: <input type="checkbox"/>
MEDPROS Vaccine Documented: <input type="checkbox"/>
Comments: