

**Adult Immunization Check List**

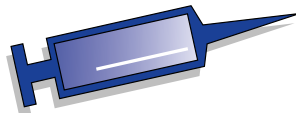
*Patient at Risk:*

Age 65 or older     Chronic Disease

**Influenza**

2007    2008    2009    2010    2011

**Pneumococcal Date** \_\_/\_\_/\_\_



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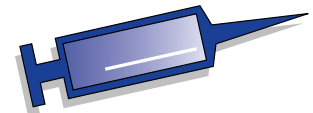
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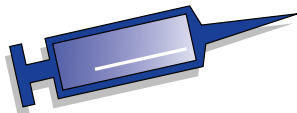
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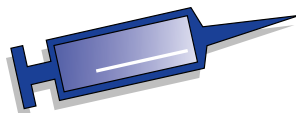
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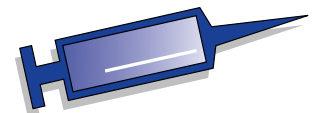
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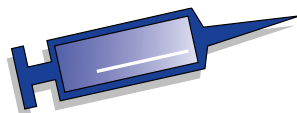
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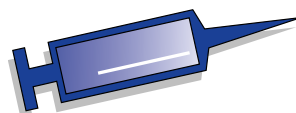
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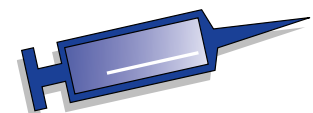
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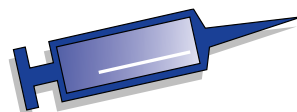
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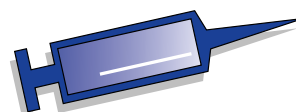
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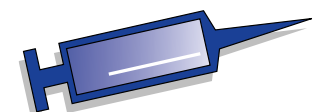
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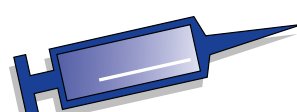
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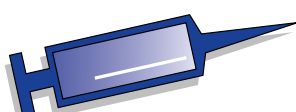
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**GMCF**  
**Georgia Medical Care Foundation**

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