

**ROBERT M. DAMMINGER**  
Director



**FRANK J. DIMARCO**  
Deputy Director

**JIM JEFFERSON**  
Liaison

**Gloucester County Department of Health**  
204 East Holly Ave.  
Sewell, NJ 08080  
856-218-4101  
[www.gloucestercountynj.gov](http://www.gloucestercountynj.gov)

## **2020 Flu Schedule**

**Saturday - October 10, 2020**  
9 AM to 11 AM

**Drive-Thru**

Clayton County Complex  
1200 North Delsea Drive  
Clayton, NJ 08312

**Tuesday - October 13, 2020**  
4 PM to 6 PM

**Drive-Thru**

Gloucester County Fleet Management  
(Public Works Bays)  
45 Lenape Avenue  
Mantua, NJ 08051

**Thursday - October 15, 2020**  
4 PM to 6 PM

**Drive-Thru**

Clayton County Complex  
1200 North Delsea Drive  
Clayton, NJ 08312

Saturday - October 17, 2020

11 AM to 1 PM

**Drive-Thru**

Gloucester County Fleet Management

(Public Works Bays)

141 Glen Echo Drive

Swedesboro, NJ 08085

Monday - October 19, 2020

11 AM to 1 PM

**Drive-Thru**

Gloucester County Fleet Management

(Public Works Bays)

45 Lenape Avenue

Mantua, NJ 08051

Thursday - October 22, 2020

5 PM to 7 PM

**Drive-Thru**

Gloucester County Fleet Management

(Public Works Bays)

141 Glen Echo Drive

Swedesboro, NJ 08085

Saturday - October 24, 2020

10 AM to NOON

Gloucester Co. Health Department

204 East Holly Avenue

Sewell, NJ 08080

Monday - October 26, 2020

5 PM to 7 PM

**Drive-Thru**

Clayton County Complex

1200 North Delsea Drive

Clayton, NJ 08312

Wednesday - October 28, 2020

NOON to 2 PM

**Drive-Thru**

Gloucester County Fleet Management

(Public Works Bays)

141 Glen Echo Drive

Swedesboro, NJ 08085

Thursday - October 29, 2020

5 PM to 7 PM

Gloucester Co. Health Department

204 East Holly Avenue

Sewell, NJ 08080

Thursday - November 5, 2020

9 AM to 11 AM

**Daycare/Preschool/Family Clinic**

Gloucester Co. Health Department

204 East Holly Avenue

Sewell, NJ 08080

Monday - November 9, 2020

4 PM to 6 PM

**Daycare/Preschool/Family Clinic**

Gloucester Co. Health Department

204 East Holly Avenue

Sewell, NJ 08080

Tuesday - November 10, 2020

4:30 PM to 6 PM

**Drive-Thru**

Clayton County Complex

1200 North Delsea Drive

Clayton, NJ 08312

Thursday - November 12, 2020

11 AM to 1 PM

**Drive-Thru**

Gloucester County Fleet Management

(Public Works Bays)

45 Lenape Avenue

Mantua, NJ 08051

Monday - November 16, 2020

4:30 PM to 6 PM

**Drive-Thru**

Gloucester County Fleet Management

(Public Works Bays)

45 Lenape Avenue

Mantua, NJ 08051

Wednesday - November 18, 2020

9 AM to 11 AM

**Drive-Thru**

Gloucester County Fleet Management

(Public Works Bays)

141 Glen Echo Drive

Swedesboro, NJ 08085

Monday - November 23, 2020

4 PM to 6 PM

**Daycare/Preschool/Family Clinic**

Gloucester Co. Health Department

204 East Holly Avenue

Sewell, NJ 08080

Thursday - December 3, 2020

1 PM to 3 PM

Gloucester Co. Health Department

204 East Holly Avenue

Sewell, NJ 08080

Monday - December 7, 2020

2 PM to 4 PM

Gloucester Co. Health Department

204 East Holly Avenue

Sewell, NJ 08080

Thursday - December 10, 2020

2 PM to 4 PM

Gloucester Co. Health Department

204 East Holly Avenue

Sewell, NJ 08080

Monday - December 14, 2020  
1 PM to 3 PM  
Gloucester Co. Health Department  
204 East Holly Avenue  
Sewell, NJ 08080

Thursday - December 17, 2020  
2 PM to 4 PM  
Gloucester Co. Health Department  
204 East Holly Avenue  
Sewell, NJ 08080

Monday - December 21, 2020  
2 PM to 4 PM  
Gloucester Co. Health Department  
204 East Holly Avenue  
Sewell, NJ 08080

Monday - December 28, 2020  
2 PM to 4 PM  
**Daycare/Preschool/Family Clinic**  
Gloucester Co. Health Department  
204 East Holly Avenue  
Sewell, NJ 08080

**Robert M. Damminger**  
Director

**Frank J. DiMarco**  
Deputy Director

**Jim Jefferson**  
Liaison



**Gloucester County Department of Health**

**GLOUCESTER COUNTY RESIDENTS ONLY**  
**YOU MUST SHOW PROOF OF RESIDENCY**

Place address label here if you brought one

**OFFICIAL USE ONLY**  
Site # \_\_\_\_\_ Mun Code \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (Township/Borough Where You Live)

Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

Age \_\_\_\_\_

- |   |            |            |
|---|------------|------------|
| Have you <b>EVER</b> had a flu shot before?               | <b>NO</b>  | <b>YES</b> |
| Are you allergic to eggs?                                 | <b>YES</b> | <b>NO</b>  |
| Have you ever had a fever over 100° in the last 48 hours? | <b>YES</b> | <b>NO</b>  |
| Have you ever been diagnosed with Guillain-Barre?         | <b>YES</b> | <b>NO</b>  |

I have received the Influenza Information Statement dated 8/15/19. I believe that I Understand the benefits and the risks of Influenza Vaccine and request that the vaccine be given to me or the person named above for whom I am authorized to make this request.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Sign and Print if guardian)

<b>OFFICIAL USE ONLY</b>		Influenza Vaccine Expires 6/30/2021
Site: Right Deltoid <input type="checkbox"/>	Left Deltoid <input type="checkbox"/>	Other _____
	<input type="checkbox"/> NY4EK	<input type="checkbox"/> P100250236
<b>RN Signature:</b> _____	<input type="checkbox"/> J3T44	<input type="checkbox"/> 47G53
10/13/20	<input type="checkbox"/> _____	