If you have received your flu vaccine elsewhere, please complete the form below and mail to:

Wilmington VA Medical Center
(Attn: Flu Vaccine Letters)
1601 Kirkwood Highway
Wilmington, DE 19805

Name (please print): _____

Last four digits of your Social Security number: _____

Date of Flu Vaccine: _____

Location: _____

Name of your VA Primary Care Provider: _____