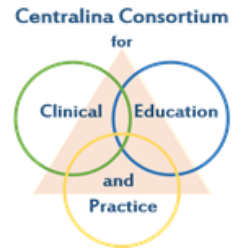


# Influenza Vaccination Form



## Student Information

Student Name \_\_\_\_\_

Student's Last 4 Digits of SS#: \_\_\_\_\_

## Required Vaccine Administration Information

*"The recommendation to not use the nasal spray flu vaccine (LAIV) was renewed for the 2018-2019 season. Only injectable flu shots are recommended for use again this season."* www.CDC.gov (Frequently Asked Flu Questions 2018-2019 Influenza Season)

Facility: \_\_\_\_\_ City: \_\_\_\_\_

Manufacturer: \_\_\_\_\_ Manufacturer Lot #: \_\_\_\_\_

Type of Vaccine: \_\_\_\_\_ Vaccine Expiration Date: \_\_\_\_\_

Route: IM \_\_\_\_\_ Site Administered (Indicate Left Arm or Right Arm): \_\_\_\_\_

Date Administered: \_\_\_\_\_ Season: \_\_\_\_\_

\_\_\_\_\_

Administering Immunizer Name & Title (Print)

\_\_\_\_\_

Administering Immunizer Signature