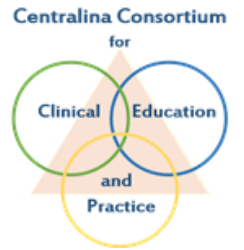


Influenza Vaccination Form



Student Information

Student Name _____

Student's Last 4 Digits of SS#: _____

Required Vaccine Administration Information

Facility: _____ City: _____

Manufacturer: _____ Manufacturer Lot #: _____

Type of Vaccine: _____ Vaccine Expiration Date: _____

Route: _____ Site Administered (Indicate Left Arm or Right Arm): _____

Date Administered: _____ Season: _____

Administering Immunizer Name & Title (Print)

Administering Immunizer Signature