

Influenza Vaccine Verification Form

This form **MUST** be completed if you receive your flu shot somewhere other than Student Health Services.

To Be Completed by Student:

Last Name, First Name (Please Print) _____

DOB _____

School (Check one) MS DS NS SPH GSBS SBMI MDA

To Be Completed by Person Administering Flu Vaccine:

Today's Date _____

Location Providing Flu Vaccine _____

Name of Vaccine _____ Manufacturer _____

Lot # _____ Expiration Date _____

Site of Injection _____ Administered By _____

Please drop off this form to Student Health Services or fax to 713-500-0605. We will not accept e-mailed forms.