**INFLUENZA IMMUNIZATION FORM FOR STUDENTS**

Student Name (Please print):

University ID #:

***Inactivated Vaccine Administered***

Lot #:

Manufacturer:

Expiration Date:

Dose: 0.5 mL Route: IM Deltoid ☐ Left ☐ Right

Time:

Date:

☞ Note: *Flu vaccine is due annually by* ***October 1st*** *of each year.*

*EXCEPTION*: For students who start their FIRST clinical class in Spring term (January); the deadline is **December 15th** of their admission year.

Provider Signature

Date

9/12/16; reviewed 9/2018

WSU CoNH Website; Student Life and Resource tab

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