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.