

Influenza Vaccination Form
SEASONAL INFLUENZA VACCINATION INFORMATION

Incomplete forms will not be accepted.

Student/Faculty Name:

First Name

Middle Initial

Last Name

Adelphi ID Number: _ _ _ _ _

Provider Information:

(Please complete and/or use stamp)

Name: _____

Address:

Street: _____

City: _____

State: _____ Zip: _____

Registration Number: _____

Provider's Signature: _____

Immunization Information:

Vaccine Information:

(Please complete and/or place sticker with information below)

Manufacturer: _____

Lot: _____

Expiration: _____

Dose: _____

Date: _____