



**INFLUENZA VACCINE ATTESTATION
FOR STUDENTS**

NAME:	DATE:
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ATTESTATION
*****MUST ATTACH A COPY OF VACCINATION RECORD(S)*****

I received the influenza vaccine on

Site: R L Deltoid

Influenza Vaccination Information:

Manufactured by:

Name:

Dose:

Lot#:

Expiration Date:

Setting where vaccine was administered:

Hospital Clinic MD Office Other:

Administered by Signature: _____ Date: _____