Annual Influenza Vaccination
Department of Nursing

Please copy for your records before turning in to the compliance system.

Name: _______________________________ Banner ID #:___________________

Students/Faculty are required to receive the quadrivalent influenza injection between October 1 and Oct 24 of each calendar year.

The section below is to be completed by health care provider. All items are required.

Influenza Vaccine Name:____

Manufacturer:____

Lot Number:____

Expiration Date:____

Dose: 0.5 ml

Site: Right / Left deltoid

Provider Administering Vaccination (print):____________________________

Provider Administering Vaccination (signature):_________________________

Date of Administration:____

Medical Facility Name:____

Medical Facility Address:____

I understand that the Department of Nursing at Appalachian State University will share health and immunization information with appropriate clinical agencies or in the event of medical emergency.

Student Signature:____

Date:____