



APPALACHIAN STATE UNIVERSITY
BEAVER COLLEGE OF HEALTH SCIENCES
Nursing

**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: _____