



INFLUENZA VACCINATION RECORD

An annual influenza vaccination is required for nursing students and for faculty who have clinical contact. **Students and faculty must have this record completed prior to the deadline set by clinical agencies.**

SECTION A PLEASE PRINT

Students: complete Section A, vaccine administrator will complete and sign Section B, student will upload the completed and signed document to Castle Branch, student retains original form.

Faculty: return completed form to the Program Coordinator.

Last Name _____ First Name _____ Middle Initial _____

Date of Birth _____ DMACC ID Number 900- _____

Program _____ Campus _____
(ADN or PN)

SECTION B

This section must be completed and signed/dated by the person administering the flu vaccination.

Check one:

This vaccine is contraindicated for this person at this time due to: _____

Signature and Title **Print Name**

This verifies that an Influenza Vaccination was given to the person named above on:

Date administered: _____

Administered by:

Signature and Title of Vaccine Administrator

Print Name

Address

() _____
Phone

City/State/Zip