NYC COLLEGE OF TECHNOLOGY
CITY UNIVERSITY OF NEW YORK
NURSING PROGRAM

INFLUENZA VACCINATION DOCUMENTATION FOR 20_____ / 20 _____

<table>
<tr><td colspan="3">STUDENT NAME:</td><td>EMPLID ID:</td><td colspan="2">DATE OF BIRTH:</td></tr>
<tr><td colspan="3">TITLE/DEPARTMENT</td><td colspan="3">PHONE NUMBER:</td></tr>
<tr><td colspan="3">I received my vaccine from:</td><td>Primary Care Provider ☐</td><td colspan="2">Pharmacy ☐</td></tr>
<tr><td rowspan="5">Influenza Vaccine Information</td><td colspan="2">Manufacturer:</td><td colspan="3"></td></tr>
<tr><td colspan="2">Date Administered:</td><td></td><td>Lot #</td><td></td></tr>
<tr><td colspan="2">Expiration Date:</td><td colspan="3"></td></tr>
<tr><td>Injection Site:</td><td colspan="2"></td><td>Reaction to Vaccine:
Yes ☐</td><td>Reaction to Vaccine:
No ☐</td></tr>
<tr><td colspan="2">Describe Reaction:</td><td colspan="3"></td></tr>
<tr><td colspan="6">Below Section: For Primary Care Provider or Pharmacy Only</td></tr>
<tr><td colspan="3">Name of Provider:</td><td colspan="3">Phone #:</td></tr>
<tr><td colspan="3">Date Completed:</td><td colspan="3">Signature:</td></tr>
<tr><td colspan="3">Address:</td><td colspan="3">Stamp:</td></tr>
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