

**Wake Technical Community College
Influenza Vaccine Verification Form**

Curriculum Health Sciences students participating in clinical are required to obtain an **injectable** Influenza vaccine (Not flu mist) yearly by October 1st.

STUDENT: Please take this form to a healthcare provider for completion and certification. This completed, signed form must be uploaded annually to your online immunization and medical documentation account by October 1st.

TO BE COMPLETED BY STUDENT:

Student Name: _____ Date: _____

Student ID#: _____ Program of Study: _____

Student Phone Number: _____

TO BE COMPLETED BY HEALTHCARE PROVIDER:

The above referenced student/patient received an **injectable** seasonal influenza vaccine on:

Month/Day/Year

Manufacturer/Lot#

All Areas REQUIRED:

Healthcare Provider Signature
& Credentials (i.e. MD, RN, Pharmacist, etc.): _____

Practice Name & Address: _____

Phone Number: _____ Date (**REQUIRED**) _____