

**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 your healthcare provider for completion and certification. This completed, signed form must be uploaded annually to your Verified Credentials online immunization account by October 1st. If you are not using Verified Credentials, return form to Barbara Smith by October 1.

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**) _____