NURSING ASSISTANT PROGRAM
RECORD OF INFLUENZA VACCINATION

Annual Influenza Vaccination is required of Nursing Assistant Students who have clinical contact October through March.

Student Name_____ Birthdate_____

Students must have this record completed during flu season, October through March.

This section must be completed and signed 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 ( ) Phone

Address

City/State/Zip