



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

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Phone

Address

City/State/Zip