



NURSING ASSISTANT PROGRAM
RECORD OF INFLUENZA VACCINATION

Annual Influenza Vaccination is required of Nursing Assistant Students and Faculty who have clinical contact October through May of the following year.

SECTION A Please Print
Students: complete the information below and return completed documentation to your Campus Intake Personnel.
Faculty: return completed documentation to the Program Coordinator.

Last Name _____ First Name _____ Middle Initial _____
Date of Birth _____ DMACC ID Number _____
Program _____ Campus _____
HSC 172/HSC 182

Students and faculty must have this record completed during flu season, October through May of the following year.

SECTION B
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

Address

() _____
Phone

City/State/Zip