

## NURSING ASSISTANT PROGRAM RECORD OF INFLUENZA VACCINATION

Student Name	Birthdate		
	Students must have this record comp		
This sec	ction must be completed and sign	ned by the person adn	ninistering the flu vaccination.
Check one: □ This vaccin	e is contraindicated for this	person at this tim	e due to:
Si	gnature and Title		Print Name
Da	s that an Influenza Vaccina te administered: Iministered by:		he person named above on
	Signature and Title of Vaccine Administrator		
	Print Name		( )
	Address		Phone
	City/State/7in		