

SOUTHERN ILLINOIS UNIVERSITY
EDWARDSVILLE
SCHOOL OF NURSING

Influenza Vaccination Form

Student Name _____

SIUE ID # _____

Date of vaccination _____

Provider Signature/Credentials _____

If influenza vaccine not given, state reason:

Provider Signature/Credentials _____

Directions for Students: Take form to person/unit administering vaccine. Have it completed and return to program secretary. Deadline October 15th.