University of Texas at El Paso

Influenza Vaccine (Flu Shot) Proof Document

Student Name | Exam Date | DOB

Address | City/State | Zip Code

To be Completed by Vaccine Administrator/Healthcare Provider			
Date Given		Administered by	
Manufacturer		Lot #	
Expiration Date		Injection Site	

Signature, Name and Title of Vaccine Administrator | Date

Clinic/Pharmacy Name

Address | City/State | Zip Code