

MODESTO JUNIOR COLLEGE
435 College Avenue
Modesto, CA. 95350

INFLUENZA VACCINE

NOTE: All Allied Health Students must receive the **influenza injection, not** the Flu Mist or the student may be ineligible to go to clinical.

The following information must be submitted as proof of flu vaccine by the due date. (Time and place to be announced)

Verification of Influenza Vaccine:

_____	_____	_____	_____	_____	_____
Last Name	First Name	W#	DOB	Program	Year
			Left Deltoid	Right Deltoid	
_____	_____				
Date Given	Injection Site				
(Month, Day & Year)					

_____	_____	_____	_____
Flu Vaccine Manufacturer	Flu Vaccine Lot#	Expiration Date	Dosage
		(Month, Day & Year)	

Printed Name of Administrator: _____

Signature: _____