

## Minnesota West Community and Technical College Influenza Vaccination Administration for Nursing/Allied Health Students

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Last Name (please print)	First Name	Middle	Date of Birth
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Address (number & street)	City	State	Zip Code
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<b>Administrative Use Only</b>		
Date administered/VIS given _____ / _____ / _____		
Lot #	Mfg.	
Route:	Site:	Signature, name and title of vaccine administrator:

Location: \_\_\_\_\_  
Name of Facility, Address, City, State, Zip Code

**Upload this completed form to Castle Branch by October 1.**