SCHOOL OF NURSING
OFFICE OF UNDERGRADUATE STUDIES
UNIVERSITY OF MICHIGAN

Phone: 734.764.0092
Email: umsn_undergradcompliance@med.umich.edu

VERIFICATION OF SEASONAL FLU SHOT ADMINISTRATION

TO BE FILLED OUT BY THE STUDENT

First Name		Last Name
Uniqname	UM ID	Phone Number

TO BE FILLED OUT BY THE HEALTHCARE PROVIDER

SEASONAL FLU SHOT ADMINISTRATION			
Date Administered	Flu Vaccine Lot#		
Healthcare Provider's Name and Title (Please Print)			
Signature			
Healthcare Center/Facility			
Address	City	State	Zip
Phone	Email Address		