

**Vaccine Administration Record
Valdosta State University
Student Health Center
200 Georgia Avenue
Valdosta, GA 31698
(229) 333-5886
(229) 249-2791 Fax**

I have read or have had explained to me the information on the Vaccine Information Statement (VIS) about Influenza Vaccine. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the Influenza Vaccine, and ask that the vaccine checked below be given to me or to the person named below for whom I am authorized to make this request.

Influenza Vaccine _____

Information about person receiving vaccine (please print legibly)						
Name: Last		First	Middle Initial		Birthdate (mm/dd/yyyy) _/_/_/_	Age
Address: Street		City	County	State	Zip Code	
Signature of person receiving the vaccine or person authorized to make the request (parent/ guardian)						
X _____ Date: _____ (Patient/Parent/Guardian)						
Mother's Maiden Name:						

Influenza Vaccine Information Statement (VIS dated 8/06/21) given to patient

(Nurse)

(sticker) For administrative use only
--