



**PROOF OF FLU  
PARTICIPANT/STUDENT INFORMATION  
2017-2018 SEASONAL**

**FIRST NAME:** \_\_\_\_\_

**LAST NAME:** \_\_\_\_\_

**KSU ID# 000** \_\_\_\_\_

**LOCATION OF ADMINISTRATION:**

**ADDRESS/STAMP:**

**DATE OF ADMINISTRATION:** \_\_\_\_\_

**ADMINISTERING NURSE'S SIGNATURE:** \_\_\_\_\_

**VACCINE LOT#:** \_\_\_\_\_

**VACCINE MANUFACTURER:** \_\_\_\_\_

**VACCINE EXPIRATION DATE:** \_\_\_\_\_

\_\_\_\_\_  
**NURSING STUDENT'S SIGNATURE**

\_\_\_\_\_  
**DATE SIGNED**