



COLLEGE OF NURSING AND PUBLIC HEALTH

T 516.877.4520  
F 516.877.4563  
HTTP://NURSING.ADELPHI.EDU

ONE SOUTH AVENUE  
GARDEN CITY, NY 11530

**Influenza Vaccination Form**  
**SEASONAL INFLUENZA VACCINATION INFORMATION**  
**Incomplete forms will not be accepted.**

**Student/Faculty Name:**

\_\_\_\_\_  
First Name Middle Initial Last Name

**Adelphi ID Number:** \_ \_ \_ \_ \_

**Provider Information:**  
(Please complete and/or use stamp)

Name: \_\_\_\_\_

Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Registration Number: \_\_\_\_\_

**Provider's Signature:** \_\_\_\_\_

**Immunization Information:**

Vaccine Information:

(Please complete and/or place sticker with information below)

Manufacturer: \_\_\_\_\_

Lot: \_\_\_\_\_

Expiration: \_\_\_\_\_

Dose: \_\_\_\_\_

Date: \_\_\_\_\_