

MOLLOY COLLEGE
THE BARBARA H. HAGAN SCHOOL OF NURSING

FLU VACINE FORM – PLEASE PRINT

Student Name ID Number

E-Mail Address Phone Number Class & Section

Clinical Placement: _____
Name of Hospital/Facility

Manufacturer of Vaccine: _____

Lot Number of the Vaccine: _____

Dose Administered: _____

Date Administered: _____

Name of the Provider License Number

Address of the Provider

STAMP:

***YOU MUST SUBMIT ONE (1) COPY TO THE NURSING LAB, AND KEEP ONE (1) FOR YOURSELF.**