



To Be Completed by Student:

Student Health Services 6410 Fannin St., Suite 130 Houston, TX 77030

Influenza Vaccine Verification Form

This form **MUST** be completed if you receive your flu shot somewhere other than Student Health Services.

Last Name, First Name (Please Print)						
DOB						
School (Check one) ☐ MS	□DS	□NS	□SPH	□GSBS	□SBMI	□MDA
To Be Completed by Person Administering Flu Vaccine:						
Today's Date				decine.		
Location Providing Flu Vaccine						
Name of Vaccine Manufacturer						
Lot # Expiration Date						
Site of Injection Administered By						

Please drop off this form to Student Health Services or fax to 713-500-0605. We will <u>not</u> accept e-mailed forms.

Main phone number: 713-500-5171 Fax number: 713-500-0605

Main web address: www.uthouston.edu/studenthealth.