



College of Pharmacy  
Office for Student Affairs

HPNP Complex  
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Influenza Vaccine Documentation Form

College of Pharmacy  
University of Florida

*DUE: December 1st*

The vaccination against influenza virus is required prior to December 1. Please have this form completed and returned to the senior secretary at your assigned campus. See last sheet in this document for contact information for each campus.

Name of Student (Printed): \_\_\_\_\_  
Last, first

Class (Please circle): 1PD 2PD 3PD 4PD Campus (Please circle): G J O S

UFID: \_\_\_\_\_ Student Signature: \_\_\_\_\_

The vaccine against influenza virus was administered to the above student on the date indicated below:

Date: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Health Care Provider (Printed): \_\_\_\_\_

Signature of Health Care Provider: \_\_\_\_\_

Address of Health Care Facility:

\_\_\_\_\_  
\_\_\_\_\_