
Student Name (Print): _____
Last Name First Name

TU ID#: _____ Date of Birth (mm/dd/yyyy): _____

Mailing Address: _____
Address

City State Zip Code

THIS FORM IS **MANDATORY** FOR NURSING STUDENTS.

Nursing students must receive the influenza vaccine once per flu season.

Please complete the Student certification below; include the date you received the flu shot. Then mail or drop off the form to/in any STUDENT HEALTH SERVICES office. **If you receive the flu shot at Student Health Services, you do not need to complete this form.**

STUDENT CERTIFICATION OF INFLUENZA VACCINE (Flu Shot)

I CERTIFY THAT I have received the Influenza vaccine on _____ / _____ / _____
Date of Shot

Signature of student Date: _____

PLEASE MAKE A COPY FOR YOUR RECORDS.

MAIL ORIGINAL TO: Temple University: Student Health Services(066-04)
1810 Liacouras Walk, 4th Floor
Philadelphia. PA 19122-6029
Attn: Tanya Dixon, LPN

***** DO NOT FAX *****