



INFLUENZA (FLU) IMMUNIZATION

LAST NAME: Gulden FIRST NAME: Amanda TSCC ID #: _____

DOS: 2/12/91

SEASONAL INFLUENZA (FLU SHOT) VACCINATION - TO BE COMPLETED BY PHYSICIAN, NURSE PRACTITIONER, OR NURSE

FLU SEASON TYPICALLY BEGINS MID-SEPTEMBER
VACCINATIONS ARE NOT AVAILABLE BEFORE THIS TIME

DATE ADMINISTERED: 12/16/21 MANUFACTURER: GSK Fluvax LOT #: 7R9NM EXPIRATION DATE: 01/30/22
Quadrivalent

SITE OF INJECTION: _____ LEFT DELTOID ☒ RIGHT DELTOID (please identify location of injection with a ✓)

PROVIDER - PLEASE PRINT THE FOLLOWING INFORMATION:

NAME OF PERSON ADMINISTERING: miranda Bicknell CREDENTIALS OF PERSON ADMINISTERING: RN

SIGNATURE OF PERSON ADMINISTERING: [Signature]

NAME OF OFFICE OR FACILITY: Auburn Warhawk Health Services PHONE #: 244-3261

STREET ADDRESS: 7461 East Dr. CITY: Montgomery STATE: AL ZIP CODE: 36117

Provider:
Please place office stamp
here (if possible) for
validation purposes.

AUBURN UNIVERSITY MONTGOMERY
STUDENT HEALTH CENTER
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P.O. BOX 244023
MONTGOMERY, AL 36124-4023