

Employee ID: _____

Flu Vaccine Administration Record

If you are receiving your flu vaccine from an Outside Provider, please ask them to document all required information listed below.

Patient Name: _____

Date of Birth: _____

Flu Vaccine Name: _____

LOT Number: _____

Expiration Date: _____

Site Given: _____

Given By: _____ Date: _____
(Signature)

Clinic Name and Office Stamp: _____

****Employee must return this completed form, with signatures, to Edward or Elmhurst Employee Health Department before the deadline for the Employee Flu Campaign: Friday November 12, 2021****