TO BE FILLED OUT BY THE STUDENT

First Name

Phone: 734.764.0092

Email: umsn\_undergradcompliance@med.umich.edu

## **VERIFICATION OF SEASONAL FLU SHOT ADMINISTRATION 2021-2022 Academic Year**

Last Name

Uniqname	UM ID	Phone Number		
TO BE EILLED OUT BY	THE HEALTHCARE PROVIDI	T.D.		
O BE FILLED OUT BY		AL FLU SHOT ADMINISTRATION	ı	
Date Administered		Flu Vaccine Lot#		
Healthcare Provide	's Name and Title (Please F	rint)		
Signature				
Healthcare Center/	Facility			
Address		City	State	Zip
Phone		Email Address		