0513506

IMMUNIZATION FORM - INFLUENZA

STUDENT NAME: _____ STUDENT ID _____

PROGRAM: _____

INFLUENZA VACCINATION

Date Received: _____

Health Care Provider Signature: _____ Date_____

Health Care Provider Printed Name: _____

Health Care Provider Contact Information: _____

_____

Complete and forward to any Student Services Center:

Burlington Center
496 McCanna Pkwy
Burlington, WI 53105

Elkhorn Campus
400 County Road H
Elkhorn, WI 53121

Kenosha Campus
3520 - 30th Avenue
Kenosha, WI 53144

Racine Campus
1001 S. Main Street
Racine, WI 53403