A blue and black logo

Description automatically generated

**Seasonal Influenza Form**

Name:

Penn ID:

DOB:

Vaccine Name:

Formula:

Manufacturer:

Site:

Lot #:

Expiration date:

|  |  |  |
| --- | --- | --- |
| **Seasonal Influenza**  Date Received:  Signature: | | |
| **Health Care Provider Information**  Name:  Address:  Phone Number: |  |  |