



UNIVERSITY OF PRINCE EDWARD ISLAND FACULTY OF NURSING

VALIDATION OF SEASONAL INFLUENZA IMMUNIZATION

This section to be completed by individual receiving vaccine

Name	
Date of Birth	
Student #	
Provincial Health Card #	
Name and Location of Immunization Provider	

This section to be completed by health care provider administering vaccine

Date of Immunization	
Signature of Health Provider	

Please return completed form to Faculty of Nursing