

# GHC

GEORGIA HIGHLANDS COLLEGE

## PROOF OF FLU NURSING STUDENT INFORMATION 2023-2024 SEASONAL

FIRST NAME: John LAST NAME: Dec

GHC ID#: 900000000 CURRENT CLASS: 2nd

ADMINISTRATING FACILITY: CVS

ADDRESS/STAMP: 123 Main St Rome, GA 30161

DATE OF ADMINISTRATION: 9/1/23

SITE LOCATION: ( ) R deltoid (  ) L deltoid


VACCINE: Flucelvax Quad 2023-2024

VACCINE MANUFACTURER: (  ) SANOFI-PASTEUR ( ) GLAXOSMITHKLINE ( ) SEQIRUS  
( ) OTHER: \_\_\_\_\_

VACCINE LOT#: 123456 NDC#: 12345-1234-12

VACCINE EXPIRATION DATE: 6/1/24

ADMINISTERING IMMUNIZER SIGNATURE: 

  
NURSING STUDENT'S SIGNATURE

9/1/23  
DATE