



GEORGIA HIGHLANDS COLLEGE

PROOF OF FLU
NURSING STUDENT INFORMATION
2025-2026 SEASONAL

FIRST NAME: LAST NAME:

GHC ID#: CURRENT CLASS:

ADMINISTRATING FACILITY:

ADDRESS/STAMP:

DATE OF ADMINISTRATION:

SITE LOCATION: () R deltoid () L deltoid

VACCINE:

VACCINE MANUFACTURER: () SANOFI-PASTEUR () GLAXOSMITHKLINE () SEQIRUS

() OTHER:

VACCINE LOT#: NDC#:

VACCINE EXPIRATION DATE:

ADMINISTERING IMMUNIZER SIGNATURE:

NURSING STUDENT'S SIGNATURE

DATE