

**Proof of Flu Vaccination:**

Patient Name: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Manufacturer: \_\_\_\_\_

Date Given: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

\_\_\_\_\_

*Signature of Administrator*

Note: If completing this form and administration of the flu shot is outside AUSON, please attach prescription receipt to this form.