



**San José State**  
UNIVERSITY

**School of Nursing**

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**Director:**

Dr. Jayne Cohen

**SJSU School of Nursing Student and Staff  
Proof of Influenza Vaccination Form – 2009 - 2010**

I attest that the undersigned individual has received the 2009-2010 Influenza Vaccine. Completion of this form by the provider of the vaccination shall serve as documentation/ proof of vaccination for and by the San Jose State University School of Nursing.

Name of Provider (Print or Stamp):

Provider Signature:

Documentation of vaccine manufacturer, dose, route:

Date:

\_\_\_\_\_  
Printed Name (Student/Faculty)

\_\_\_\_\_  
Signature (Student/Faculty) / Date