INFLUENZA VACCINE OUTSIDE DOCUMENTATION FORM

Please select a campus:

☐ Weill Cornell     ☐ Columbia Presbyterian     ☐ Lower Manhattan     ☐ Westchester

The above individual has received the influenza vaccine:

Date of Administration: _____/_____/_____

Specific Vaccine Formulation:
Vaccine Name: ____________________ & Dose Administered: ____________________

Administering Licensed Healthcare Provider’s Name: ____________________
Title: ____________________
Signature: ____________________
Telephone #: (_____) _________________

For questions regarding influenza or the vaccine please email us at fluquestions@nyp.org

Vaccination documentation on an office letterhead/prescription is also accepted; it must contain all the information noted above.