Student ID # _____

Program of Study_____

400 Paramus Road Room HS100

Paramus, NJ 07652

https://lf.bergen.edu/forms/hs0001

healthservices@bergen.edu

Influenza Vaccine Forms

Please submit this letter with documentation from your Health Care Provider that influenza vaccination was given. Please note to have your vaccine given in accordance with the flu season for the Fall 2026 semester.

Print Student Name:_____

Health Professions Study: _____

Influenza Vaccine date administered:_____

Vaccine Lot Number: _____

Vaccine Manufacturer: _____

Expiration Date: _____

If a pharmacy or clinical site is administering a vaccine, please provide name and address of location (stamp acceptable) and attach all forms from the pharmacy (consent to inject forms). _____

_____

Signature of Administrator/ Physician Stamp or attached copy with the above requirements: _____

_____