



FOR USE BY OUTSIDE PROVIDERS

Midwestern University
555 31st Street
Downers Grove, IL 60515
(630) 971-6401

Vaccine Administration Record for Midwestern University Students

Please Indicate Vaccine(s) Received:

___ TDAP ___ Hepatitis B (Circle one)
___ MMR 1st 2nd 3rd
___ Varicella (Circle One) ___ Hepatitis B Booster (Circle one)
1st 2nd 1st 2nd 3rd

STUDENT INFORMATION

Print Name: Student ID#
D.O.B: / / Phone # Program/Year:
Signature:

To Be Completed By Healthcare Provider

#1 Vaccine
Manufac.: Lot #: Exp. Date:
Date Given: Site Route: SQ IM
Administers Signature
#2 Vaccine
Manufac.: Lot #: Exp. Date:
Date Given: Site Route: SQ IM
Administers Signature

REQUIRED HEALTHCARE PROVIDER INFORMATION AND CERTIFICATION

(Cannot be signed by student or non-healthcare provider)

Name (please print):
Credentials/Title:
Signature:
Phone #:() Fax #:()

QUESTIONS? - PLEASE CONTACT DON EVANS (630)971-6401.