

MCW Student Flu Vaccine Documentation Form

Directions: Student should complete the top portion of the form. The provider conducting the vaccine should complete the bottom portion of the form. All sections of the form must be completed in order for the form to be valid.

Student Section (Please type or write legibly)

First Name _____

Last Name _____

Middle Initial _____

Date of Birth _____

Last 4 digits of Social Security Number _____

Date of vaccination _____

Provider Section (Please type or write legibly)

Company Name (e.g., Froedtert Occupational Health) _____

Name of Vaccine (include lot number) _____

Administrator Name (please print) _____

Administrator Signature _____ Date _____

Note to Student: Upon completion of all sections of this form, please follow both steps below.

- 1) Upload Document to CastleBranch (<https://www.castlebranch.com>)
NOTE: If for some reason your form is rejected by CastleBranch, please contact student_health@mcw.edu
AND
- 2) E-mail a copy to