

# 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 Administrator (please print) \_\_\_\_\_

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](mailto:student_health@mcw.edu)  
AND
- 2) E-mail a copy to