

Amazing people. Amazing the world.

Date: \_\_\_\_\_

## TO WHOM IT MAY CONCERN:

Please be advised that \_\_\_\_\_\_

(Last Name, First Name)

Has received the 2014 – 2015 Influenza vaccine on \_\_\_\_\_

\_\_\_\_\_

Given By:

Name:

Please print

\_\_\_\_\_

Signature:

Stamp:

Occupational Health & Safety Department 28-Aug-2014