

**UMMC FLU BLITZ VACCINATION ADMINISTRATION SIGN-OFF SHEET**

**STUDENT:** \_\_\_\_\_

Send completed form to:

School of Pharmacy

2500 N. State Street

Jackson, MS 39216

Attn: Mr. Robert Metzger

Phone: (601) 984-2758

Fax: (601) 815-1160

Email: [rmetzger@umc.edu](mailto:rmetzger@umc.edu)

Successfully Completed: \_\_\_\_\_

Health Care Provider's Signature

\_\_\_\_\_  
Health Care Provider's Printed Name and Credentials