

MiraCosta College (MCC)
Certified Nursing Assistant (CNA) Program
Current Season Flu Vaccination

Information to include:

1. Full name
2. Date of birth
3. Date received vaccination
4. Name of manufacturer of vaccination
5. Expiration date of vaccination
6. Location (Ex. Right arm, Left arm) and amount (Ex. 0.5 mL) you received vaccination
7. Provider (Ex. CVS, Kaiser) and injection giving person's signature (Ex. Jane, LVN)

Fall first quarter (August)	Not required (keep it blank)
Fall second quarter (October)	Required, of the current year's vaccination
Spring first quarter (January)	Required, of the current year's vaccination
Spring second quarter (March)	Required, of the current year's vaccination