



**Occupational Therapy Assistant Technology**  
**Required Documentation for Influenza Vaccine**

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*This form and vaccination proof must be uploaded to your student portal*

Student's Name/College ID	
Date/Time	
Facility Providing Vaccine	
Signature of Immunizer	

- **If influenza vaccine is contraindicated for this student, then the healthcare provider must give further explanation below:**

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Signature \_\_\_\_\_ Date \_\_\_\_\_

**THE STUDENT IS RESPONSIBLE TO HAVE THIS DOCUMENTATION UPLOADED TO THEIR STUDENT PORTAL.**

Washington State College of Ohio  
710 Colegate Drive  
Marietta, Ohio 45750