



UNIVERSITY HEALTH SERVICES
Division of Student Affairs

P.O. Box 7339 • Austin, Texas 78713 • 512-471-4955 • healthyhorns.utexas.edu

University Health Services
Allergy, Immunization and Travel Clinic
Phone 512-475-8301
Fax 512-475-8288

Documentation of Vaccines Received at a Pharmacy

The following information is necessary for this student to comply with medical clearance requirements at The University of Texas at Austin. If your facility has a form that provides the information below, you may use that for documentation. **A pharmacy receipt or prescription label is not sufficient to show proof of immunization.** Thank you.

TO BE COMPLETED BY PHARMACY

Patient Information:

Name: _____ Date of Birth: _____

Document all vaccines administered and the date administered.

Please mark through spaces not needed.

Vaccine Brand Name	Date Administered
_____	_____
_____	_____
_____	_____
_____	_____

My signature certifies that the vaccine(s) was/were administered on the date(s) documented above.

Pharmacist's Printed Name

Title

Pharmacist's Signature

Date

Enter provider information or stamp here:

TO BE COMPLETED BY THE STUDENT

UT EID: _____