

**MiraCosta College (MCC)  
Home Health Aide (HHA) 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
Summer (June)	Not required (keep it blank)

Example) October 2024 starters need 2024-2025 flu vaccination

January 2025 starters need 2024-2025 flu vaccination

March 2025 starters need 2024-2025 flu vaccination

Acceptable example below;




---

Name Your Name

Date of birth Your Date of Birth

**FLU**

Dose given on September 18, 2024

Vaccine administration information 

---

Dose given on September 18, 2024

Vaccine name	FLUCELVAX TRIVAL 2024-2025 SYR
Manufacturer	SEQIRUS, INC.
Lot #	388531
Route	Injection, intramuscular
Site	Left arm
Volume (ml)	0.5