



Sam Houston State University

A Member of The Texas State University System
STUDENT HEALTH CENTER

Clinic

Dear Doctor,

Laboratory

Your patient, _____, _____,
Printed Patient Name D.O.B.

Pharmacy

has requested an H1N1 vaccine and has the following health concerns listed below. Please indicate your approval for them to receive the vaccine at Sam Houston State University.

Health Promotion

Thank You,

Student Health
Insurance

Tom Hill, M.D.

SPECIAL NOTE TO PATIENT

Please bring this document to the vaccine administration site during the scheduled administration time. Do not fax or e-mail this document to the Health Center. Completion of this document does not guarantee receipt of the vaccine.

Please check below if the patient is:

- Pregnant
- Nursing
- Anticoagulant Use (coumadin or warfarin)
- Other _____

I recommend that the aforementioned patient receive the H1N1 vaccine.

Physician Printed Name

Phone Number

Physician Signature

Date

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