

Allergy Injections Form

Must be completed by all students or employees physicians' office before receiving injections at the University Health Services.

The following TTU student/employee, _____
has requested that JJ Oakley Campus Health Service administer his/her antigens. Please indicate below by signing under which supervision you would allow antigen administration. For more availability and convenience in scheduling, we prefer that you select option 1 (Family Nurse Practitioner Present).

1. Family Nurse Practitioner Present
(without presence of Physician in the building)

Signature of Allergist

Date

OR

2. Physician must be present

Signature of Allergist

Date

PLEASE RETURN THIS FORM TO
JJ Oakley Campus Health Services
10 W 7th St
Cookeville, TN 38501
Fax: (931) 372-3848
Email: healthservices@tntech.edu