

Allergy Shot Form

Important Information

The following TTU student, _____,
has requested that the Student Health Service administer his/her antigens. Would you
please indicate below under which supervision you would allow antigen administration.

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

Signature of Allergist

Date

OR

2. Physician Must Be Present

Signature of Allergist

Date

PLEASE RETURN THIS FORM
TO THE HEALTH SERVICE

Tenn Tech Univ.
Student Health Service
P.O. Box 5096
Cookeville, TN 38505
Fax (931) 372-3848