



## SEASONAL INFLUENZA VACCINE STUDENT DOCUMENTATION

Please Print

Program: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
(FIRST) (MIDDLE) (LAST)

Student ID #: \_\_\_\_\_

Date vaccine received: \_\_\_\_\_

You must upload proof of vaccine and this form to American DataBank

Date vaccine uploaded: \_\_\_\_\_

\_\_\_\_\_  
Signature of Student Date

**OR**

I have declined the influenza vaccine. I understand that some clinical agencies may require the flu vaccination and this declination could have an effect on my fieldwork/clinical placement.

\_\_\_\_\_  
Signature of Student Date