



### Influenza Vaccination Attestation

I understand that due to my occupational (student clinical/field internship) exposure to influenza and/or other potentially infectious materials, viruses and diseases and that I may be at high risk of acquiring the Influenza Virus and I understand the protection the vaccination could offer, and have been advised to be vaccinated at my own expense. Many and/or all of the institutional contracted healthcare are requiring and/or recommending that all healthcare workers and students be vaccinated annually with the influenza vaccine to protect themselves and the patients they serve from influenza.

In completing this form, I understand and acknowledge that I am aware of the following information:

- Influenza is a serious respiratory disease that kills, on average, 36,000 Americans every year.
- Influenza virus may be shed for up to 48 hours before symptoms begin, allowing transmission to others.
- Up to 30% of people with influenza have no symptoms, allowing transmission to others.
- Influenza virus changes often, making annual vaccination is necessary. Immunity following vaccination is strongest for 2 to 6 months.
- I understand that influenza vaccine cannot transmit influenza. It does not, however, prevent all disease.

Vaccine Attestation: Please complete this section to confirm that you received the flu vaccine for this flu season and provide the program with documented proof of vaccination:

I received the flu vaccine from \_\_\_\_\_ on \_\_\_\_\_, and I am providing proof of my vaccination status. (name of provider/entity) (month/year)

I have read and understand this document and I am declining the opportunity to receive the flu vaccine. I understand that my declination of the flu vaccine may prohibit the Nursing Education Program's ability to place me in one or more required clinical internships, and this inability to obtain clinical internship placement may result in the delay, stoppage, withdrawal and/or potential dismissal from my respective Nursing Education Program of Study.

Student ID Number \_\_\_\_\_

Student Printed Name \_\_\_\_\_ Date \_\_\_\_\_

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

Witness Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian if Student is a Minor:

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Relationship to Student \_\_\_\_\_