

College of Nursing 3800 Victory Parkway Cincinnati, OH 45207-7351 513 745-3814

FLU VACCINATION FORM

Nursing students participating in clinical experiences are **required to receive the seasonal flu vaccine annually** and provide proof by OCTOBER 15th of the current flu season. Alternate verification of vaccination is acceptable if it includes the necessary information. *Instructions for submission of documentation are at <u>www.xavier.edu/nursing/Current-Students.cfm</u>*

Student Name ___

 Date	of	Bir	th

HEALTH PROFESSIONAL: COMPLETE THIS SECTION				
Flu vaccine administered on (DATE) for flu season Flu mist is acceptable for students to receive if they do not care for patients in isolation/contraindications				
Administered by (Signature)	(Print Name)	Date Signed		
Provider name and address:				
The vaccine is contraindicated. Health professional explanation:				
Health Professional Signature (if vaccine is contraindicated)	(Print Name) Also complete Provider name and	Date Signed address section.		
To request an exemption please check the box	x below, sign and date, then follow the ins	structions detailed below.		
I decline the vaccine. Student sig	gnature	Date		
 <u>https://www.xavier.edu/health-wellness/</u> 2. Upload the XU College of Nursing's ap This will be sent to you via email from Amy 3. Anticipate that your View Point requi 	Wilson, <u>battagliaa@xavier.edu</u> irement will remain rejected throughout th t exemption allowance every semester and with ization and vaccination requirements fr <i>gnize the immunization exemption</i> . In su al placement, <i>but cannot guarantee that</i>	tiaa@xavier.edu or 513-745-4823. e program to act as a reminder. e every new clinical facility. om Xavier, <i>but must be aware that</i> ch circumstances, Xavier will take <i>t such a placement will exist. Further,</i>		