**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.**

**Student Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **HEALTH PROFESSIONAL: COMPLETE THIS SECTION** |
| Flu vaccine administered on (DATE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for flu season \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Flu mist is acceptable for students who do not have patients in isolation.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Administered by (Signature) (Print Name) Date Signed |
| Provider name and address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| The vaccine is contraindicated. Health professional explanation:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Health Professional Signature (Print Name) Date Signed  (if vaccine is contraindicated) Also complete Provider name and address section. |
| I decline the vaccine. Student signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Students may seek exemption to the immunization and vaccination requirements from Xavier, *but must be aware that the clinical partner institutions may not recognize the immunization exemption*. In such circumstances, Xavier will take reasonable steps to find an alternative clinical placement, *but cannot guarantee that such a placement will exist. Further, an exemption may result in a student’s inability to complete the program and/or preclude employment at some sites upon graduation*.  <https://www.xavier.edu/health-wellness/health/exemptions> and direct questions to [sullivanm25@xavier.edu](mailto:sullivanm25@xavier.edu) or 513-745-3041. |

**Alternate verification of vaccination is acceptable if it includes the necessary information.**

**Instructions for submission of documentation are at** [**www.xavier.edu/nursing/Current-Students.cfm**](http://www.xavier.edu/nursing/Current-Students.cfm)

Flu\_form Rev. 2/19/2016, 11/3/2017, 8/23/2024