



College of Nursing  
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### FLU VACCINATION FORM

Nursing students participating in clinical experiences are required to receive the seasonal flu vaccine ANNUALLY and provide proof by the third week of OCTOBER of the current flu season. Students will be advised of exact due date each year.

SOME FACILITIES MAY NOT ALLOW NON-VACCINATED STUDENTS ONSITE.

**Student Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

#### 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 \_\_\_\_\_

**BE AWARE THAT SOME FACILITIES MAY NOT ALLOW YOU ONSITE WITHOUT THE VACCINE.**

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)