



College of Nursing
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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 15 of the current flu season.

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.