



OFF-SITE INFLUENZA VACCINATION FORM

For Students

“Off-site” meaning received vaccine outside of Carilion Employee Health

Name _____ (Please print) Date of Birth ____/____/____ Personal Phone: _____

Student (School Name) _____

Please choose ONE option below and fill in accordingly:

Option 1: I had my influenza vaccine **OUTSIDE OF CARILION** at: _____ on this date ____/____/____.

Option 2: For Carilion employees who are students only. I received my influenza vaccine **AT CARILION EMPLOYEE HEALTH (EH)**. Please indicate which EH site below:

Proof of vaccination is required and must be attached to this form. The following are acceptable forms of proof:

- My Chart documentation Retail pharmacy documentation
- Note from medical provider with your name, date vaccine received, type of influenza vaccine

Please check every Carilion facility/location you will be during your student assignment:

- Carilion Roanoke Memorial Hospital Carilion New River Valley Hospital
- Carilion Giles Community Hospital Carilion Franklin Memorial Hospital
- Carilion Stonewall Jackson Hospital Carilion Roanoke Community Hospital
- Carilion Tazewell Community Hospital St. Albans – NRV
- Psychiatry Rehab Other _____

Please submit this form and proof of vaccination to Carilion’s Visiting Student Affairs (VSA).

Signature _____

Date ____/____/____