



**OFF-SITE INFLUENZA VACCINATION FORM
FOR Volunteers, Contract Staff and Students**

Off-site meaning: received vaccine outside of Employee Health

Name _____ Date of Birth ____/____/____
(Please print)

Personal Phone No.: _____

Please check one:

☐

Volunteer

☐

Student (School Name _____)

☐

Non-Carilion Provider (Job _____)

☐

Contract (Department _____)

I had my influenza vaccine at _____ on the date of
____/____/____.

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 submit this form and proof of vaccination to:

Volunteers: Volunteer Coordinator

Students: Visiting Student Affairs

Non-Carilion Provider: Medical Staff Services

Contract: Department you work in

Date ____/____/____

Employee Signature