****Student Influenza Vaccination Information**

**Carilion employees: All Carilion employees must use the Offsite form located on the Carilion Intranet Influenza Hub**

Name \_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

 (Please print)

Personal Phone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one:

 Student (School Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

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

□ Employee Health

□ Retail pharmacy documentation

□ Note from medical provider with your name, date vaccine received, type of influenza vaccine

**Please submit this document along with supporting documentation to the Visiting Student Affairs department.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Student Signature

**Office Use Only**

 **Yes By:**