



Influenza Vaccination
Verification Form

This document is not a declination waiver or exemption form and will not be accepted as such.

Student Name: _____

Student ID#: _____

Date Flu Vaccine Administered: _____

Administering Healthcare Professional's Name: _____
(Print Full Name)

Administering Healthcare Professional's Signature: _____

Vaccine Lot #: _____

Vaccine Manufacturer: _____

Vaccine Season/Batch: _____

Vaccine Expiration Date: _____

Disclaimer for Provider

The influenza vaccine being administered must be for the current flu season (9/1 through 6/30). If the vaccine being administered is nearing the end of the season or nearing its expiration date, please do not administer. An expired or out of season vaccine will be rejected. The Vaccine Season/Batch line should indicate that this vaccine is being given for the current season to avoid rejection.

Medical Exemption Statement (Student must sign or this form will not be accepted.)

I understand that in order to attend Clinical courses as a student of the Chipola College Health Sciences department, I must have the Influenza Vaccination unless I have a proven medical reason for not receiving the vaccination. I understand that my signature releases Chipola College and the Health Sciences department, as well as the clinical agency, its administration and employees of and from legal and financial responsibilities in the event I contract the influenza virus while a student of Chipola College. I understand that it is my responsibility to provide the School and Clinical Agency with a medical exemption note from my Primary Provider in order to attend Clinical.

Signature of Student

Date