

## University of Pittsburgh Health Science Schools Student Yearly Influenza Vaccine Notification Form

Please complete all the information below regarding your influenza vaccination status. Submit form if you have received the influenza vaccination either at a UPMC or outside facility (i.e., CVS, Giant Eagle, Rite Aid, Walgreen's, etc.). Completed forms, along with documentation of receipt of flu vaccine from the clinic or PCP office, must be uploaded to your CastleBranch account.

Student Name \_\_\_\_\_ Class of \_\_\_\_\_

For the \_\_\_\_\_ School Year

☐ **RECEIVED SEASONAL INFLUENZA VACCINATION**

I attest that I received the Seasonal Influenza Vaccine on \_\_\_\_\_.  
(mm/dd/yyyy)

I received the influenza vaccine at the following location:

\_\_\_\_\_  
Location

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

☐ **DECLINE**

I cannot receive the vaccine due to a previous severe allergic reaction to the influenza vaccine. I understand that this may prevent me from participating in rotations at multiple locations.

\_\_\_\_\_  
PRINTED STUDENT NAME

\_\_\_\_\_  
DATE

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
REPRESENTATIVE ADMINISTERING INFLUENZA VACCINE

\_\_\_\_\_  
DATE