

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 should be uploaded to your CastleBranch profile.

Student Name _____ Class of _____

For the _____ School Year

☐ **RECEIVED SEASONAL INFLUENZA VACCINATION**

I attest that I received the Seasonal Influenza Vaccine on _____.
(date 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 ADMINISTRING INFLUENZA VACCINE

DATE