



**INFLUENZA VACCINE ATTESTATION
FOR STUDENTS**

NAME:	DATE:
ATTESTATION ***MUST ATTACH A COPY OF VACCINATION RECORD(S)***	
<input type="checkbox"/> I received the influenza vaccine for the 2016-2017 season on _____	
Setting where vaccine was administered:	
<input type="checkbox"/> Hospital <input type="checkbox"/> Clinic <input type="checkbox"/> MD Office <input type="checkbox"/> Other _____	

Signature: _____

Date: _____