



2019

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 2019-2020 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: _____