



**2020**

**INFLUENZA VACCINE ATTESTATION**

**FOR STUDENTS**

|   |                                      |
|---|--------------------------------------|
| <b>NAME:</b>  | <b>DATE:</b>                         |
| <b>ATTESTATION</b><br><b>***MUST ATTACH A COPY OF VACCINATION RECORD(S)***</b>              |                                      |
| <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: \_\_\_\_\_