



**INFLUENZA VACCINE ATTESTATION  
FOR STUDENTS**

<b>NAME:</b>	<b>DATE:</b>
<b>ATTESTATION</b> <b>***MUST ATTACH A COPY OF VACCINATION RECORD(S)***</b>	
<input type="checkbox"/> I received the influenza vaccine for the 2017-2018 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: \_\_\_\_\_