

Dear Heritage University Nursing Student,

Students in all health professions programs are required to be vaccinated against influenza, per the guidelines set forth by the Centers for Disease Control and Prevention (CDC) for health care personnel, and the Washington State Department of Health. All Heritage University clinical training agencies expect students to show proof of having received an annual immunization for influenza.

The Nursing Department at Heritage University is requesting documentation of the 2021-2022 influenza vaccine from all nursing students. Please upload your documentation to CastleBranch.

**This form allows your provider to document either administration of influenza vaccine, or rationale for medical contraindication. Please have your health care provider (PharmD, MD, RN, ARNP, PA) complete section 1 OR 2, AND 3. A note on letterhead or chart prints-out will substitute for documentation of influenza vaccine, but this form **MUST** be submitted for waiver requests.**

**Section 1:**

Nursing Student Name: _____		DOB: _____ / _____ / _____	
Last,	First	MO	DAY YR
Date influenza vaccine received: Month: _____ Day: _____ Year: _____			
Type of Vaccine: Injected/Inactivated: _____ or Live/Intranasal: _____ or Recombinant: _____			

**OR**

**Section 2:**

<p><b>WAIVERS:</b> If you have a MEDICAL reason for not being able to receive the flu vaccine (such as history of a <b>severe reaction</b> to a prior dose of influenza vaccine, or vaccine components), then this will need to be documented by a provider (PharmD, MD, RN, ARNP, PA) and you must return this completed form.</p> <p><b>PLEASE NOTE: Egg allergy itself is no longer a contraindication for most adults. Egg-free vaccine may be given to these individuals.</b></p>			
Patient Name: _____		DOB: _____ / _____ / _____	
Last,	First	MO	DAY YR
The above named patient has the following medical reason for declining influenza vaccination this year: _____			
I have verified this is a valid medical contraindication per the stated CDC guidelines referenced at: <a href="http://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm">http://www.cdc.gov/flu/professionals/vaccination/vax-summary.htm</a>			

**AND**

**Section 3:**

<b>Required:</b>	
Signature: _____	(PharmD, MD, RN, ARNP, PA)
Printed Name: _____	
Phone number: _____	Date: _____

Upload documentation to CastleBranch. Return this form, **signed and dated by provider**, to Teresa Munguia, [Munguia T@heritage.edu](mailto:Munguia_T@heritage.edu), Administrative Coordinator, Department of Nursing, Heritage University.