

INFLUENZA VACCINATION ATTESTATION REPORT

**The Valley Hospital
Ridgewood New Jersey**

Date this form completed: _____ Current Semester: Fall Spring Summer

School Name _____

Name of Person completing form: _____ Email _____

Please list all students and instructors at The Valley Hospital during this Influenza season and complete all information as accurately as possible. Return form to Cathy Smith Csmith15@valleyhealth.com). Interoffice mail it to her: Nursing Professional Development, LL Phillips Hospital. Thank you.

Student/Instructor Names	Did you receive an influenza vaccination this season?	If yes, did you receive the vaccine at The Valley Hospital?
Instructor:		
Student 1:		
Student 2:		
Student 3:		
Student 4:		
Student 5:		
Student 6:		
Student 7:		
Student 8:		
Student 9:		
Student 10:		

