INFLUENZA VACCINATION REPORT

Date this form completed	
School Name	
Name of Person completing form	
Phone Fax	

Please list all students caring for patients at The Valley Hospital during this Influenza season and complete all information as accurately as possible. Return form to Aimee Lopez (<u>Alopez4@valleyhealth.com</u> or x8049). Interoffice mail it to her: Clinical Education, LL 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?	If not, where did you receive the vaccine? (Give Location)	Do you have a medical contraindication to the vaccine?	Were you offered the vaccine and declined?

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