Annual Influenza Vaccine Form

Hawaii Pacific University has mandated that I receive the influenza vaccination due to clinical facility requirements.

Current Vaccine Season: _____ - _____
Current Year *Subsequent Year*

	SELECT ONE	PROVIDER INFORMATION	DATE
○	Received the inactivated influenza vaccine for the current season		
○	Received the activated influenza vaccine for the current season		
○	Will be receiving when the flu vaccine is available		
○	Medical contraindications (systemic allergic reaction to ingredients, Guillain-Barre syndrome, etc.)	Medical Contraindication: Provider Signature: _____	

Date _____ **Signature** _____

Print Name _____