



## 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/Religious contraindications (systemic allergic reaction to ingredients, Guillain-Barre syndrome, etc.)	Medical/Religious Contraindication:  Provider Signature: _____	

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Print Name** \_\_\_\_\_