



Hospital for Special Care

Flu Vaccine Information

Flu Season October 1 2023 to March 31, 2024

Name _____ Date _____

Affiliation _____ Dates of Clinical Rotation _____

Did you receive the flu vaccine this season? Yes ☐ No ☐

If no,

Do you have a medical contraindication for
receiving the vaccine? Yes ☐ No ☐

Do you have a religious or philosophical belief
that prevents receiving the vaccine? Yes ☐ No ☐

Did you receive the vaccine outside of this facility? Yes ☐ No ☐

If yes,

When? _____

Where? _____

Signature

Date

A note, receipt or vaccination card from the outside vaccination entity stating that the individual has received the vaccine at that location can be submitted and attached to this form.