



Hospital for Special Care
Flu Vaccine Information
Flu Season October 1 2024 to March 31, 2025

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.