



Hospital for Special Care

Flu Vaccine Information

Flu Season October 1, 2025 to March 31, 2026

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.