



The Catholic University of America

*SCHOOL OF NURSING
WASHINGTON DC 20064
202-319-5400
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Influenza Vaccination Documentation

MUST ATTACH DOCUMENTATION OF VACCINE ADMINISTRATION *OR* ALLERGY

I hereby attest that I had a flu shot on _____(date)

OR

I hereby attest that I am unable to receive the flu shot because of the following reason cited by the CDC (<http://www.cdc.gov/flu/index.htm>) (please circle the reason):

- People who have a severe allergy to chicken eggs.
- People who have had a severe reaction to an influenza vaccination.
- People who developed Guillain-Barré Syndrome (GBS) within 6 weeks of getting an influenza vaccine.
- People who have a moderate – to- severe illness with a fever should wait until they recover to get vaccinated.

Student Name: _____

Student Signature: _____

Provider Name/ credentials: _____

Provider Signature: _____

Provider Address: _____

Telephone: _____

***DO NOT SUBMIT TO THE SON, SUBMIT TO CASTLEBRANCH.COM

August 2016