Indiana University East School of Nursing
Influenza Immunization Record

NOTICE
Please read the following information carefully. You must have this completed form submitted to the School of Nursing Data Specialist, no later than November 1st at 5pm. This is a yearly requirement unless permanent exemption is indicated.

Vaccine Administration

Name_________________________________________ Student Identification Number_____________________

Influenza vaccine: Date given:____________________

Health Care Provider Signature______________________________ Date______________________________

Exemption from Vaccination

Exemption to immunization may be granted for medical contraindications. Exemption due to medical contraindications must provide proof of medical contraindications such as a signed form from their private physician or health care provider.

If an exemption is granted for a permanent condition consistent with Center for Disease Control (CDC) standards and manufacturers’ safety profiles, (e.g. a history of severe allergy to chicken eggs, a history of Guillain-Barre after a previous influenza vaccination, a history of a severe reaction to a component of the flu vaccine), the exemption does NOT need to be requested each year unless vaccine technology changes to eliminate issues regarding such allergies.

The aforementioned individual meets the requirement for exemption from the influenza vaccine.

Reason for exemption__________________________________________________

Is this a permanent exemption Yes_______ No________

Health Care Provider Signature____________________________________ Date______________

Approved by Student Affairs 11/8/2011
NFC, 11/14/2011