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 1 by 5pm. This is a yearly requirement unless permanent exemption is indicated. Request for exemption requires form completion and submission to the Data Specialist by September 15 by 5:00 PM.

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 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.

Exemption requested for religious or spiritual reasons require a signature from the pastor, priest, or spiritual leaders and will be reviewed by the Student Affairs committee.

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___________

Or Spiritual/Religious Leader ________________________ Date___________

Approved by Student Affairs 11/8/2011; NFC 11/14/2011
Revised SA 4/13; NFC 4/23/13