

**FORM I-2**

**INFLUENZA VACCINE / MEDICAL RELEASE FORM**

Student's Name: \_\_\_\_\_ UH Email: \_\_\_\_\_

For your vaccination record, you *may* submit other documentation for this season's flu shot if it contains the same information required by this form.

FLU VACCINE	<u>DATE GIVEN</u>	<u>FLU SEASON</u>
		<b>2023 – 2024</b>

\_\_\_\_\_  
Name of Clinic

\_\_\_\_\_  
Healthcare Provider's Signature

**MEDICAL RELEASE**

If you **CANNOT** get this season's flu vaccine due to medical reasons, then both you and your healthcare provider **MUST sign this form**. Please have your healthcare provider check one of the boxes below.

<input type="checkbox"/>	Temporary medical contraindication (e.g., student is currently suffering from a non-chronic illness, infection, etc.)
<input type="checkbox"/>	Ongoing medical contraindication (e.g., allergies, previous adverse reaction, GBS in medical history, chronic medical condition, etc.)

\_\_\_\_\_  
Healthcare Provider's Signature

\_\_\_\_\_  
Date

I, the student, acknowledge that failure to get the annual flu vaccination may endanger my health, the health of patients and others I may come in contact with should I become infected; I also understand that even with a medical waiver, the clinical agencies continue to reserve the right to deny access to their facilities.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date