**UNIVERSITY OF HAWAIʻI AT MĀNOA**
School of Nursing and Dental Hygiene
**Office of Student Services**



# 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 | DATE GIVEN | FLU SEASON |
|---|---|---|
| | | |

_____ _____
**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 INITIAL one of the boxes below.**

| | |
|---|---|
| | Temporary medical contraindication (e.g., student is currently suffering from a non-chronic illness, infection, etc.) |
| | 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**

*Note: While most clinical sites accept the medical waiver for flu clearance, there are some clinical sites that will only admit students who received the current flu vaccine.