

## 2018-2019 Influenza Vaccination Record

In an effort to protect patients, employees, family members, and the community from influenza infection, Inova Health System has mandated that all personnel with patient interaction receive the annual influenza vaccination prior to **October 1, 2018**.

I, \_\_\_\_\_, hereby certify that I **have / have not** received  
(Circle One)  
the influenza vaccination in compliance with the Inova Health System Mandatory Influenza Vaccination Guidelines for Patient Care Providers (Policy #7031).

I received the influenza vaccination on \_\_\_\_\_, 2018/19 at  
\_\_\_\_\_

The reason for my exemption from the influenza vaccination is as follows:

- Religious exemption
- Allergy to component of vaccine: eggs, egg products
- Guillain-Barré Syndrome or Guillain-Barré like Syndrome
- Anaphylactic allergic reaction or other severe adverse side effect

I acknowledge that I may be required to show proof of this vaccination or exemption if requested and will provide the proper documentation if requested.

Resident/Fellow Name (PRINT): \_\_\_\_\_

Resident/Fellow Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Please return to the GME Office*

Received by GME Office on \_\_\_\_\_ Staff initials \_\_\_\_\_