



Influenza Vaccination Record

As a patient safety precaution, The Johns Hopkins Hospital requires influenza vaccinations for all student observers who will be present in a patient care buildings during the flu season (October through March). There are two acceptable forms of vaccination verification:

- a. A copy of a consent form from a retail pharmacy, doctor's office, or other location that administers influenza vaccines. The form must include the type of vaccine received.
- b. The form below to be completed and signed by a physician, nurse, medical office coordinator, or a representative from the school's health center.

Name of Observer:	Date/s of Observation:
Address:	Phone:
Parent/Legal Guardian:	Phone:
E-mail:	Date of Birth:

Vaccine Information:

Date Vaccine Received: _____ Manufacturer: _____

Vaccine Lot#: _____ Expiration Date: _____

Facility Information:

Organization/Institution: _____

Address: _____

Phone Number: _____

Name of healthcare provider: _____

By signing below, you certify that the information on this form is complete, true, and submitted for the purpose of being granted student observer status.

Signature of healthcare provider: _____ Date: _____

****Upload this completed form to your online user profile****