

INFLUENZA ACKNOWLEDGEMENT OF UNDERSTANDING

All Medical and Dental students must protect themselves with annual influenza immunization; the vaccination is available each year in October/November. Students who have not received the vaccination may be removed from clinical learning and/or observership opportunities as many of our clinical sites require students to receive the influenza vaccination and show proof, especially if there is an outbreak. **In the event of an outbreak at a clinical setting, any student without the vaccination may be denied access to the facility thereby jeopardizing successful completion of their academic requirements.** Decisions are made in accordance with that agency's influenza vaccination policy.

Students who choose not to have the annual influenza vaccine must sign the waiver below acknowledging their awareness of susceptibility to the disease and the implications for clinical placement.

ACKNOWLEDGEMENT

I understand that the School of Medicine & Dentistry, and many of its clinical education sites require students to have an annual influenza vaccine. I have elected to waive this immunization based on medical and/or personal reasons. I am aware that I may be susceptible to influenza and I understand that I may not be eligible to attend clinical learning, potentially jeopardizing my progression in the Medical and Dental program. I consent to have my influenza status communicated to the School's clinical education sites.

I understand that this waiver will be kept on file for this current academic year, and I must sign this waiver annually if I choose not to receive the influenza vaccination.

Student Name: _____ Student ID: _____

Student Signature: _____ Date: _____

Students must submit a copy of this acknowledgement to their clearance record in lieu of influenza vaccination documentation.