



Moraine Park Technical College Influenza Vaccination Form

Nursing Assistant Program

As a patient safety initiative, Healthcare Facilities are requiring influenza vaccinations for all students participating in clinical experiences or internships at their sites, similar to other required vaccinations. For decades, influenza vaccination has been recommended for health care workers and has been shown in study settings to be effective in protecting patients.

Last Name	First Name	MI
MPTC Student ID Number		
N		

The following must **be completed and signed** by the provider administering the influenza vaccination.

Vaccine Information:

Vaccine Brand: (circle one) Afluria® Fluarix® Flucelvax® FluLaval® FluMist® Fluzone® other: _____

Vaccination Date: _____

Vaccine Lot #: _____ Exp. Date: _____

Injection Site: Right Deltoid Left Deltoid (Adult dose 0.5 ml IM only)

Name and title of vaccine administrator (please print): _____

Signature of vaccine administrator: _____

The only exemption from having the influenza vaccination is for medical reasons. The exemption form can be obtained from or Laura Glass at lglass1@morainepark.edu . The clinical agency to which you are assigned will review waiver/exemption requests prior to clinical start dates. Understand that not being vaccinated as a result of an exemption may require wearing respiratory protection at all times during the flu season as per healthcare facility policy.