



Influenza Verification Form

Part 1: To be completed by the student

Last Name: _____ First Name: _____
 ID Number: _____ USF E-mail: _____

Influenza vaccine is STRONGLY RECOMMENDED FOR HEALTHCARE WORKERS, not only to protect themselves, but to reduce the change of spreading Influenza to the patients and community. Influenza infection can lead to serious complications and can be fatal, especially in elderly or sick persons, including those who are hospitalized. When infection occurs despite vaccination, it is usually milder. It is the goal of our clinical sites to ensure the health and well-being of their employees, employee’s families and patients.

Due to the requirements at the clinical sites that the University of San Francisco School of Nursing & Health Professions has a contract with, our nursing students are *required* to receive the Influenza vaccine. If there is a circumstance that prohibits a student from receiving the Influenza vaccine, then the USF SONHP Influenza Wavier must be submitted.

Part 2: To be completed by the Healthcare Provider

_____ has received an Influenza vaccination on
Print USF Student’s Name

_____, 20__ for the _____ Influenza season.

Healthcare Provider Information

Name: _____ Certification: MD / NP / PA / RN

Facility Name /
 Store Name & Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Telephone: _____

I certify that the medical information herein is complete and accurate to the best of my knowledge.

HCP Signature: _____

Date: ____/____/____

(Office Stamp)

Once you have completed your Influenza Verification Form, you must submit a copy for your records to your CastleBranch account.