

Student last name (print) _____ First name (print) _____
Month and year of birth date (numbers) _____ CUNYFirst ID # _____
Hunter email: _____@myhunter.cuny.edu (circle) fall, spring, summer 20____

Influenza Vaccine Waiver (If vaccine waived, submit this form.)

Influenza is easily spread from person to person and those infected can be contagious before any signs of the flu are present. Young children, the elderly, and those with chronic health problems are at particular risk for complications from the flu.

I understand that if I do not receive the influenza vaccine, I am at greater risk of acquiring influenza and exposing patients, other healthcare providers, fellow students, faculty, and my family to influenza.

Please check both statements:

_____ I decline the influenza vaccination at this time. I have been informed and understand the possible risks of acquiring Influenza.

_____ I will wear a mask when in patient care areas at my clinical placement sites. *

I understand that some health care/clinical agencies may not allow students who have not received the Influenza vaccination to participate in a clinical placement at their site.

Print Student Name _____

Student Signature _____

Date: _____

* Required by New York State Department of Health.
(New York State Department of Health Regulation: Section 2.59 of the New York State Sanitary Code, New York Codes Rules and Regulations (10 NYCRR). Effective for the 2013-2014 influenza season.

Please submit this form to:

Karen Tejada, Health Clearance Specialist
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