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NEW YORK INSTITUTE OF TECHNOLOGY
School of Health Professions

PA STUDIES
INFLUENZA VACCINATION FORM

To be completed by student:

Last Name, First Name:_____Date of Birth:_____

The PA program expects students to receive the influenza vaccine annually while enrolled, even though it is not currently required for healthcare workers in New York State as some clinical sites may still require the flu vaccine for student learners. Not being vaccinated may prevent a student from being assigned to that site. The program cannot guarantee that a student will satisfy the requirements for completion of the MS PA degree without this and other vaccinations. A student may be exempt from this requirement if they have a specific contraindication to the influenza vaccine as documented below by a physician, PA or Nurse Practitioner.

Any student who has received the influenza vaccine should complete the form below and upload it to CastleBranch.

Recommendations on when to get vaccinated: ***Vaccinations for Special Groups. Go to Healthcare Personnel section***

To be completed by healthcare professional – Seasonal Influenza Vaccination:

☐ **A seasonal influenza vaccine has been administered that is approved for the current flu season**

Approved for flu season (years): 202____ to 202____

Date Administered:_____ Lot Number:_____

☐ **The above student has a contraindication to receiving the seasonal influenza vaccination. (Please enclose medical documentation supporting this exemption)**

_____
Healthcare provider signature (PA, Physician or Nurse Practitioner

Date: _____

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(REQUIRED)
Stamp of provider and/or health care facility*

*Vaccine label can also be included as proof of immunization