University of Pittsburgh Health Science Schools Student Yearly Influenza Vaccine Notification Form

Please complete all the information below regarding your influenza vaccination status. Submit form if you have received the influenza vaccination either at a UPMC or outside facility (i.e., CVS, Giant Eagle, Rite Aid, Walgreen's, etc.). Completed forms, along with documentation of receipt of flu vaccine from the clinic or PCP office, must be uploaded to your CastleBranch account.

Student N	Jame	Class of	
For the	School	Year	
	ECEIVED SEASONAL IN	FLUENZA VACCINATION sonal Influenza Vaccine on	
I r	received the influenza vaccir	ne at the following location:	(mm/dd/yyyy)
Lo	ocation	Address	
		City, State, Zip	
\Box D	ECLINE		
		to a previous severe allergic reactions me from participating in rotations	
PRINTED STUDENT NAME			DATE
STUDEN	T SIGNATURE		
REPRESENTATIVE ADMINISTRING INFLUENZA VACCINE			DATE