

Student Waiver For Flu Vaccine Form

This document must be hand written in student's handwriting to show proof of originality.

Name: _____

Student ID#: _____

.....

I _____ (Printed Name) do
waive my requirement to receive the flu vaccine for the current
semester of _____.

.....

Student Signature: _____

Physician Signature: _____

Date: _____

**** NOTE: To stay within the Rules and Regulations of said student's state of residence, if your Board of Nursing/Department of Health requires a LPN/LVN-BSN or RN-BSN student to receive a flu vaccine for a student to participate in clinical, ISU must then comply with that Board of Nursing/Department of Health.**