



STUDENT VACCINATION STATEMENT

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Dates Clinical Placement: \_\_\_\_\_

**Influenza:**

- I have received this year's influenza vaccine and have submitted documentation
- I decline the Influenza Vaccine. I understand per HRpol-0712 Vaccination Policy that I may be required to wear a mask while in patient areas.

**Tdap:**

- I have received the Tdap vaccine and have submitted documentation
- I decline the Tdap vaccine

**MMR:**

- I was born prior to 1957, so am considered immune
- I was born in 1957 or after and have submitted documentation of the vaccine
- I have had the MMR Vaccine in the past, but at this time I can't obtain the documentation. Approximate date(s) of vaccinations: \_\_\_\_\_
- I was born in 1957 or after and decline the vaccine

**Hepatitis B:**

- I have had Hepatitis B Vaccine in the past and have submitted documentation
- I have had the Hepatitis B Vaccine in the past, but at this time I can't obtain the documentation. Approximate date(s) of vaccinations: \_\_\_\_\_
- I decline the Hepatitis B Vaccine

**COVID-19:**

- I have received the Covid-19 vaccine and have submitted documentation
- I decline the Covid-19 vaccine. I understand that I will be considered "high risk" per MSHC Infection Mitigation Protocol and may be required to wear a mask.

If I have declined any of the recommended vaccinations, I understand that by declining this vaccine, I continue to be at risk of acquiring Influenza, tetanus, diphtheria, pertussis, mumps, measles, rubella, hepatitis B, and COVID-19, all serious diseases.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date