

SAFETY IN PRACTICE INFLUENZA VACCINATION FORM

In accordance with the College of Health and Medicine [Infectious Diseases Guidelines and Procedures](#), annual influenza vaccination is required for all students who will undertake Professional Experience Placement (PEP) during the influenza season (1st of June to 30th of September).

Evidence of the annual influenza vaccination **MUST** be provided using this form **OR** another form of evidence, such as pharmacy/hospital/GP influenza consent forms or NSW Health Vaccination Record Card for Health Care Workers and Students. All of these 'other' forms of evidence **MUST** include student name, date of birth, influenza vaccine name, vaccine batch number, date of administration, expiry date, vaccinator name, signature and practice stamp/letterhead.

All records of annual influenza vaccination must be scanned and uploaded to [InPlace](#).

Please note: Your annual influenza vaccination record may be requested at any time by your PEP health care agency.

Student Name:

Student ID:

Student Signature:

DOB:

Health Care Provider:

I have provided the above-named student with an influenza vaccination against this year's strains of influenza.

Vaccine Name:

Date of Administration:

Batch Number:

Expiry Date:

Health Care Provider Name:.....

Health Care Provider Signature:

Date:

Health Care Provider Organisation: