

**SAFETY IN PRACTICE INFLUENZA VACCINATION FORM**

Annual influenza vaccination is required for all students intending to undertake PEP between the period of May-October.

In accordance with the College of Health and Medicine [Infectious Diseases Guidelines and Procedures](#), annual influenza vaccination is required on the basis that an increasing number of healthcare agencies providing PEP for students make annual vaccination mandatory.

For all students undertaking PEP between May-October, the annual influenza vaccination is mandatory, **AND** 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:** .....