University of Ottawa
Faculty of Health Sciences
Placement and Experiential Learning
Requirements Management

uOttawa

SEASONAL INFLUENZA VACCINE

Last name:	**First name:**	
Date of birth (yyyy/mm/dd):	**Telephone:**	
Email:	**Year of admission:**	**Student number:**

Program	**Nursing**	**Rehabilitation Sciences**	**Food and Nutrition Sciences**	**Human Kinetics**
	❑ Generic program (select campus): ❑ Ottawa ❑ Woodroffe ❑ Pembroke ❑ Bridging ❑ Second Entry ❑ Graduate MScN ❑ Diploma in PHCNP	❑ Audiology ❑ Speech Language Pathology ❑ Occupational Therapy ❑ Physiotherapy	❑	❑

Seasonal flu vaccine	Date received (yyyy/mm/dd):

Signature of attesting health-care provider		
Name:	**Initials:**	**Medical clinic stamp:**
Address:		
Tel.:	**Profession:**	
Signature:	**Date:**	

Email this form to your student placement and experiential learning requirements management adviser at the Faculty of Health Sciences.