uOttawa

Student Placement Risk Management

Seasonal Influenza Vaccine

Program

Medicine ❒	**Pharmacy ❒**	**Nursing ❒**	**Rehabilitation ❒**	**Nutrition ❒**
❑ Undergraduate ❑ Undergraduate Elective □ Visiting Medical Student □ Canadian Studying Abroad □ International ❑ Postgraduate ❑ Postgraduate Elective ❑ Enhancement Year Program	❑ Undergraduate	❑ Generic program (select campus): □ Ottawa □ Woodroffe □ Pembroke ❑ Bridging ❑ 2nd Entry ❑ Graduate MScN ❑ Diploma in PHCNP	❒ Audiology ❑ Occupational Therapy ❑ Physiotherapy ❑ Speech-Language Pathology	**Human Kinetics ❒**

Last name:_____ **First name:**_____

Student number:_____ **Year of admission:**_____

Email:_____ **Telephone:**_____

Date of birth (yy/mm/dd):_____/ _____/_____

Seasonal Flu Vaccine

Date received (yy/mm/dd):_____/ _____/_____

Attesting Signature of Health Care Professional (HCP)

Name:_____

Signature:_____

Title:_____

Date (yy/mm/dd):_____/ _____/_____

Stamp:

Please email this form to your corresponding Clinical Placement Risk Management Advisor at the University of Ottawa.