



uOttawa

Clinical Placement Risk Management

Seasonal Influenza Vaccine

Program		
Medicine <input type="checkbox"/> <input type="checkbox"/> Undergraduate <input type="checkbox"/> Undergraduate Elective <input type="checkbox"/> Visiting Medical Student <input type="checkbox"/> Canadian Studying Abroad <input type="checkbox"/> International	Medicine <input type="checkbox"/> <input type="checkbox"/> Postgraduate <input type="checkbox"/> Postgraduate Elective <input type="checkbox"/> Enhancement Year Program	Pharmacy <input type="checkbox"/> <input type="checkbox"/> Undergraduate
Last name: _____ First name: _____		
Student number: _____ Year of admission: _____		
Email: _____ Telephone: _____		
Date of birth (yyyy/mm/dd): ____ / ____ / ____		
Seasonal Flu Vaccine		
Date received (yyyy/mm/dd): ____ / ____ / ____		
Attesting Signature of Health Care Professional (HCP)		
Name: _____ Signature: _____ Title: _____ Date (yyyy/mm/dd): ____ / ____ / ____		Stamp: _____

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