



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: _____		Stamp:
Signature: _____		
Title: _____		
Date (yyyy/mm/dd): ____ / ____ / ____		

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