



uOttawa  
Student Placement Risk Management  
**Seasonal Influenza Vaccine**

<b>Program</b>	
Last name: _____	First name: _____
Student number: _____	Year of admission: _____
Email: _____	Telephone: _____
Date of birth (yy/mm/dd): ____ / ____ / ____	
<b>Seasonal Flu Vaccine</b>	
Date received (yy/mm/dd): ____ / ____ / ____	
<b>Attesting Signature of Health Care Professional (HCP)</b>	
Name: _____	Stamp:
Signature: _____	
Title: _____	
Date (yy/mm/dd): ____ / ____ / ____	

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