

# Duke Student Volunteer Flu Immunization Form

## 2017-2018

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Duke Unique ID: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Sex: \_\_\_\_\_

Please specify which Flu vaccine was given:

☐ Inactivated influenza vaccine- date of administration \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ Live Attenuated influenza vaccine (FluMist)-date of administration \_\_\_\_/\_\_\_\_/\_\_\_\_

### **Restrictions/Limitations:**

☐ Live vaccine given: Must avoid caring for severely immunocompromised patients see details below:

Patients on Protective Isolation\*- *you must wait two weeks from the date vaccine was administered before volunteering.*

Adult and Children's Bone Marrow Units- *you must wait 30 days from the date vaccine was administered before volunteering.*

\*Protective Isolation refers to patients who are immunocompromised.

Doctor/ Primary Care Provider Name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Official Stamp: