



2024 – 2025 Influenza Vaccination Record

In an effort to protect patients, employees, family members, and the community from influenza infection, Inova Health System has mandated that all personnel with patient interaction receive the annual influenza vaccination. Any learners on an Inova campus between **November 1, 2024 and March 31, 2025** must provide proof of vaccine.

I, _____, hereby certify that I **have / have not** received the influenza vaccination in compliance with the Inova Health System Immunization Program Policy (Policy #14014678).
(Circle One)

I received the influenza vaccination on ____/____/____. It was administered at _____

I am considered exempt from the influenza vaccination due to the following:

- Religious exemption
- Allergy to component of vaccine: eggs, egg products
- Guillain-Barré Syndrome or Guillain-Barré like Syndrome
- Anaphylactic allergic reaction or other severe adverse side effect

I acknowledge that I may be required to show proof of this vaccination or exemption if requested and will provide the proper documentation if requested.

Resident/Fellow Name (PRINT): _____

Resident/Fellow Signature: _____

Date: _____

Received by GME Office on _____ Staff initials _____