

FORM 2
INFLUENZA IMMUNISATION
COMPLIANCE

Statement of Compliance with Influenza Vaccination: Faculty of Medicine Nursing and Health Sciences

To be returned to your School/Department by the required date as specified by your course of enrolment.

Ensure you keep an electronic copy of the final set of reports and documents. Your school/department cannot provide a copy at a later date; evidence of immunisation status may be requested at any time by placement authorities.

Student's Name:

DOB:

INFLUENZA

I understand that immunisations including an annual Influenza vaccination is required for all students undertaking placements.

I attach the following evidence that I have been vaccinated with a QUADRIVALENT flu vaccine:

1. Scanned copy of vaccination documentation that includes the details of the vaccination and the date given (Please submit scanned copy with form) Tick Box as applicable

OR

2. A student statutory declaration (Please submit scanned copy with form)

OR

Signature of administering health professional

Name:

Organisation:

Signature and stamp of administering health professional:

Date: ___/___/___

Please affix vaccine sticker if available

Student declaration: I have read and understood the Monash University, Faculty of Medicine Nursing and Health Sciences Guidelines available at: <https://www.monash.edu/medicine/study/student-services/mandatory-compliance>, and agree to abide by all conditions

Student Signature:

Date: