Middle Tennessee State University
Influenza Waiver Form

Name: ____________________________________ ____________________________ 
 Last                                                                                   First                                                             MI
Date of Birth: _________ Phone: __________________________________________ 
Month/Day/Year

After reviewing CDC information and guidelines of the Seasonal Influenza, http://www.cdc.gov/flu/, I wish to NOT receive the vaccine at this time. I understand that as a result of NOT being immunized for the seasonal influenza, I may be required to wear a mask during my preceptorship in the clinical setting.

I understand that I can revoke my waiver of the seasonal flu immunization at any time by contacting the MTSU at (615) 898-5252 or MSNadvisor@mtsu.edu to “reject” my waiver for seasonal flu immunization. If this waiver is rejected, proof of immunization must be uploaded in Medatrax at the time of Immunization.

X ____________________________________ ____________
Signature of Student                      Date

Some clinical sites will require you to wear a mask and notification at all times if not immunized for the seasonal flu even if contraindicated.

Students, use space below (optional) to note any contraindications to receiving the flu vaccine. If you wish to use this as a temporary waiver please include date you wish the waiver to expire.

For more information about the Seasonal Influenza (Flu) vaccine, please contact your local health care provider or consult the Centers for Disease Control and Prevention web site at www.cdc.gov.