

PLEASE PRINT

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|-----------------------------|------------------------|
| Student last name: | Student given name(s): |
| Date of Birth (yyyy-mm-dd): | Student Number: |

| |
|---------------------------------|
| Vaccine administered: |
| Date administered (yyyy-mm-dd): |

I confirm the above-named student has received the seasonal influenza vaccine on the date above.

Clinician name: _____

Signature: _____

☐ Nurse Practitioner ☐ Pharmacist ☐ Physician ☐ Physician Assistant ☐ Registered Nurse

Tel. _____

Date (yyyy-mm-dd): _____

Student: submit completed documentation through one of the following means:

- Fax to 204-474-7523
- Email a scan or clear photo to Nursing.Immunizations@umanitoba.ca

Documentation is due by NOVEMBER 30, 2023. Students are not permitted to complete these forms.

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Your personal information and personal health information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University for the purpose of creating a record of your immune status, and for determining your ability to participate in patient-related activities during your placement with the College of Nursing. Your personal information and personal health information may be disclosed to your clinical placement site to confirm your immune status. Your personal information and personal health information will not be used or disclosed for other purposes, unless permitted by *The Personal Health Information Act* (PHIA) or *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information or personal health information, contact the Student Services Assistant at the College of Nursing (tel. 204-474-6655); you may also wish to contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.