Student ID # _____

Program of Study_____

Health Services
400 Paramus Road, Room HS100
Paramus, NJ 07652-1595
healthservices@bergen.edu

submission link: https://lf.bergen.edu/forms/hs0001

Influenza Vaccine Mandatory Reporting

Nursing and Health Professions Students/Staff

Beginning January 1, 2013, the Centers for Medicare and Medicaid Services (CMS) have mandated that hospitals report summary data on influenza vaccination of healthcare personnel (HCP) for the influenza season. The required HCP includes all students and faculty 18 years of age or greater.

Please submit this letter with documentation from your Health Care Provider that influenza vaccination was given. Please note to have your vaccine given in accordance to the flu season. (Spring semester) August-2022-January-2023

Print Student Name: _____

Health Professions Study: _____

Influenza Vaccine date administered: _____

MUST ATTACH CONSENT TO INJECT FORM FROM PHARMACY OR PHYSICIANS OFFICE

Vaccine Lot Number: _____

Vaccine Manufacturer: _____

Expiration Date: _____

If pharmacy or clinical site is administering vaccine, please provide name and address of location (stamp acceptable) and attach all forms from the pharmacy (consent to inject forms.)

_____

_____

Signature of Administrator/ Physician Stamp or attached copy with the above requirements

Rev 10/22