

Influenza Vaccination Attestation - 2014
Non-Facility Personnel

Date: _____

Printed Name of Individual: _____

Vendor/Company Name: _____

Non-Facility Personnel Attestation of Influenza Vaccination

Influenza immunization is required by the State of Colorado Board of Health and the Centura Influenza Vaccination Policy for Healthcare Personnel 2014/2015. I understand that every Centura associate, privileged medical and allied health professional, volunteer, student, trainee, and nonemployee entering patient care areas must comply with the policy and regulation.

I am not an individual contractor and do not have a direct contract between me and a Centura Health entity.

I hereby attest to having received an influenza vaccination through injection or flu mist during the 2014-2015 vaccination season. I understand that, upon request, I must provide proof of this vaccination, date of vaccination, and name of provider where the vaccine was administered.

OR

I hereby attest that I meet the requirements for a medical exemption from influenza vaccination. I have completed the attached "Statement of Medical Exemption".

I am an individual contractor and I do have a direct contract between me and a Centura Health entity.

I understand that as an individual contractor with a Centura Health entity, I shall include as part of my contract the requirement that I either provide proof of influenza vaccination or a medical exemption for each year that that I have a contract with the Centura Health entity.

AND

I hereby attest to having received an influenza vaccination through injection or flu mist during the 2014-2015 vaccination season. I understand that I must provide proof of this vaccination, date of vaccination, and name of provider where the vaccine was administered. My proof of influenza vaccination is attached.

OR

I hereby attest that I meet the requirements for a medical exemption from influenza vaccination. I have completed the attached "Statement of Medical Exemption".

Signature of Individual: _____