**Influenza Self-Certification of Vaccine**

All faculty and staff who will be performing on-campus duties in NDMU properties or leased facilities, and all enrolled students who are returning to NDMU’s campus or participating in on-campus activities (classes, research, work, etc.) are required to obtain the seasonal influenza vaccination or receive an exception to the requirement. This policy also applies to contractors, regardless of employer who perform work on any NDMU owned or leased property (e.g. ABM, SAGE, Centric, Barnes & Noble, etc.).

In the event you have already received the vaccine and did not obtain formal documentation, please complete the following form.

I am:

* Faculty
* Staff
* Student
* Specify if other:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please specify the following details of your influenza vaccine:

Date of Vaccine: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine Administrator Name/Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine Administrator Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Vaccine Administrator Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I certify that all information submitted is complete and accurate to the best of my knowledge and I understand that any intentional misrepresentation contained in this request may results in disciplinary action/sanction.*

*I understand that I may be required to obtain formal documentation from the vaccine administrator verifying administration of the influenza vaccine.*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_