

NEW YORK UNIVERSITY GROSSMAN SCHOOL OF MEDICINE OFFICE OF REGISTRATION/

STUDENT RECORDS 2020-2021 INFLUENZA VACCINATION DOCUMENTATION

Health Requirements: All visiting students requesting enrollment in our clinical electives are required to meet all of the immunization requirements. Applicants must be free from symptoms of communicable diseases at the start of their elective. Should you become ill with a communicable disease, you are required to notify your course director/attending physician and this office and remove yourself from patient care activity.

FLU VACCINE IS REQUIRED FOR STUDENTS ARRIVING FOR AN ELECTIVE DURING THE NOVEMBER – JUNE BLOCKS.

YOUR HEALTH CARE PROVIDER MAY DOCUMENT YOUR FLU VACCINE ADMINISTRATION ON THIS FORM, NYUSOM VISITING STUDENT MEDICAL FORM, OR USE A SEPARATE FORM. RETURN DOCUMENTATION WITH YOUR ELECTIVE APPLICATION.

IF INFORMATION IS NOT AVAILABLE TO SUBMIT WITH THE APPLICATION, YOU MAY FORWARD DOCUMENT SEPARATELY TO THE REGISTRAR'S OFFICE AT LEAST TWO WEEKS PRIOR TO ELECTIVE START DATE, VIA FAX/EMAIL (FAX #212 263-5264 janet.montero@nyulangone.org).

YOU **WILL NOT** BE PERMITTED TO BEGIN AN ELECTIVE UNTIL REQUIREMENTS ARE MET. THANK YOU.

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Section: APPLICANT

NAME: (first) _____ (last) _____

MEDICAL SCHOOL: _____

Section: HEALTH CARE PROVIDER

→ INFLUENZA VACCINE

→ DATE ADMINISTERED: month _____ day _____ year _____

HEALTH CARE PROVIDER SIGNATURE: _____

Date: _____

HEALTH CARE PROVIDER NAME: _____

Telephone #: _____