

2018 Seasonal Flu Vaccination Acceptance Form

BLANK FORMS WILL BE AVAILABLE ON SITE

DUE TO HIPAA REGULATIONS, COMPLETED FORMS WILL NOT BE COLLECTED ON SITE

STUDENTS/STAFF/FACULTY, PLEASE SAVE A COPY OF THIS FORM FOR YOUR RECORDS TOO!

Name: _____

PLEASE PRINT

UG Student Year _____

PG Student Year _____

Staff Department _____

Faculty Department _____

Age:* Less than 24 Years Old 24-64 Years Old 65 Years Old and above

*Required per Mass Department of Public Health

Date of Vaccination at TUSDM: **OCTOBER 3, 2018**

IF VACCINATED AT TUSDM, WAS YOUR MEDICAL INSURANCE ACCEPTED Yes No

Vaccination Site Address: Tufts University School of Dental Medicine
One Kneeland Street
Boston, MA 02111

Signature: _____

All students/staff/faculty: Please **E-MAIL** or **DROP-OFF** your **COMPLETED** form before **December 15, 2018** to:

Patty DiAngelis
Department of Comprehensive Care
DHS – 4, Room 416
Fax: 617-636-6834
Email: patricia.diangelis@tufts.edu

****DO NOT TAKE A PHOTO AND EMAIL A PHOTO. PHOTOS TEND TO BE TOO DARK TO PRINT.****

All UG & PG Students: Please send a copy of your vaccination documentation to **Lucia Fenney** at the **SAHA** office: **Lucia.Fenney@tufts.edu** or fax **617-636-2708**.