Providence

Providence SWEDISH | PROVIDENCE Health & Services | CovenantHealth | KADLEC | pacific medical centers

CAREGIVER HEALTH SERVICES

PLEASE RETURN COMPLETED FORM TO CAREGIVER HEALTH SERVICES

Seasonal Influenza Attestation Form 2024-2025

Providence and its family of organizations offers the influenza vaccine free of charge to caregivers, volunteers, students, employed & non-employed providers, and contracted employees in accordance with the annual CDC recommendations. By being vaccinated, you are protecting yourself, your patients, your family, and the community.

NAME: _____ DOB: _____ EMPLOYEE ID#_____

CAMPUS/SITE: _____ DEPT: _____ PHONE: _____

IF NOT EMPLOYED BY PROVIDENCE, CHECK ONE:

☐ **Licensed Independent Practitioner**

☐ **Volunteer** ☐ **Contractor** ☐ **Student** ☐ **Other**

ATTESTATION: I attest I have received my influenza vaccine elsewhere for the 2024-2025 season.

Where was it received? _____

Who provided it? _____

Vaccine Type?

☐ Influenza ☐ Influenza – Egg Free ☐ Influenza – High Dose ☐ Influenza - FluMist

Date of Vaccination: _____

By typing your name on the line below, you certify that (i) you are the individual completing the form; (ii) all information entered on this form is true and accurate to the best of your knowledge; (iii) you agree with all terms and conditions as listed on this form; and (iv) you consent to typing your name as the means of providing your signature electronically and that such electronic signature is valid.

Vaccination must have taken place between August 1, 2024 and March 31, 2025. Any misrepresentation in providing vaccination information in the Influenza Attestation of Vaccination Received Elsewhere may result in disciplinary action including and up to termination of employment. The information provided in support of my Influenza Vaccination Received Elsewhere is truthful and accurate. Providence St. Joseph Health reserves the right to request appropriate and/or legal documentation reflecting the proof of my Influenza Vaccination Received Elsewhere.

Signature:_____ **Date:**_____