

Prairie Lakes Healthcare System
2023/2024 Influenza Vaccination Summary
Needed for all students 18 & older

Prairie Lakes is required to report data on all those receiving or declining the influenza vaccination. Please complete the following information.

Name _____
(Please Print)

School _____

_____ I received my vaccination from: *(within the months of October 2023-April 2024)*
_____ Prairie Lakes Healthcare System
_____ Other _____
(Please name where)

OR

_____ I declined the vaccination due to:

- ☐ Allergy to Influenza Vaccine
- ☐ Allergy to eggs or egg products (FYI -there are egg free influenza vaccines available at local retail pharmacies)
- ☐ Religious conviction
- ☐ Other, please list _____

Signature _____ Date _____