

I am aware that certain hospitals within Donor Alliance’s service area have implemented mandatory influenza vaccination policies. I understand the intent of such policies is to prevent the transmission of influenza to patients. These policies require mandatory flu vaccinations for volunteers to prevent transmission from unvaccinated workers to patients.

* I certify that I received the flu vaccination on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(date) (name of clinic or provider)

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

Printed Name

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

Signature Date

**Please complete, sign and return to Mandy Bock before signing up for a volunteer opportunity in the hospital.**

[**mbock@donoralliance.org**](mailto:mbock@donoralliance.org) **or fax to 303-584-3911**