

 DONOR ALLIANCE  
ADVOCATES  
*for Life*

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)

I understand that as a Donor Alliance Advocate I may be present at a hospital with a mandatory influenza policy during the flu season. I may be asked to provide proof of vaccination, and I agree to abide by policies while volunteering in the hospital.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Please complete, sign, and return to Ashlee Dixon before signing up for a volunteer opportunity in a hospital.***

***[asdixon@donoralliance.org](mailto:asdixon@donoralliance.org) or fax to 303-300-9012***