

Influenza Vaccination

The New York State Public Health and Health Planning Council (PHHPC) recently adopted “Prevention of Influenza Transmission by Healthcare and Residential Facility and Agency Personnel” regulation, under its authority located in Public Health Law Sections 225, 2800, 2803, 3612, and 4010.

The regulations apply to all personnel in healthcare and residential facility and agency whose job activities are such that they could expose patients or residents to influenza.

Due to this new Department of Health regulation all Kingsborough Community College clinical students must receive the flu vaccine unless medically contraindicated by their health care provider. The health care provider’s statement must specify the reason the vaccine is contraindicated and the reason should be consistent with the US Public Health Service Advisory’s Committees statement regarding contraindication. Medical Exemption Statement for Health Care Personnel form can be found at:

www.health.ny.gov/forms/doh-4482.pdf

Documentation of vaccination must include the name and address of the individual who ordered or administered the vaccine and the date of vaccination.

Student’s Name _____ Date of Birth _____

Name of Vaccine Manufacturer _____

Lot # _____ Expiration Date _____

Site (left arm, right arm, etc.) _____

Date of Administration _____

I have administered the flu vaccination to the above named person.

Health Care Provider Administering Vaccine (Print Name) _____

Address _____

Signature _____