



APSU	TSU
ETSU	TTU
MTSU	UofM

Name: _____
Last *First* *MI*
Date of Birth: _____ Phone: _____
Month/Day/Year

After reviewing CDC information and guidelines of the Seasonal Influenza, <http://www.cdc.gov/flu/>, **I wish to NOT receive the vaccine at this time.** I understand that as a result of NOT being immunized for the seasonal influenza, I may be required to wear a mask during my preceptorship in the clinical setting.

I understand that **I can revoke my waiver of the seasonal flu immunization at any time by contacting the MSN TN eCampus Central Office** at (615) 366-4474 or valda.barksdale@tbr.edu to “reject” my waiver for seasonal flu immunization. If this waiver is rejected, proof of immunization must be uploaded in Medatrax at the time of Immunization.

X _____
Signature of Student *Date*

Some clinical sites will require you to wear a mask and notification at all times if not immunized for the seasonal flu even if contraindicated.

Students, use space below (**optional**) to **note any contraindications** to receiving the flu vaccine.
If you wish to use this as a temporary waiver please **include date you wish the waiver to expire**.

For more information about the Seasonal Influenza (Flu) vaccine, please contact your local health care provider or consult the Centers for Disease Control and Prevention web site at www.cdc.gov.