



SEASONAL FLU VACCINATION

This is to confirm that _____, a student in Western Psychology's Clinical Graduate Program, has received the seasonal flu vaccination on this date:

_____/_____/_____
Day Mon Year

For the Medical/Health Centre:

Name: _____ Signature: _____

Date: ____/____/_____
Day Mon Year

Health/Medical Centre Stamp Here:

OR

I have declined the seasonal flu vaccination.

Student Name: _____

Student Signature: _____ Date: ____/____/_____
Day Mon Year