



UNIVERSITY of  
DENVER

## INFLUENZA VACCINATION ATTESTATION STATEMENT

The University of Denver (DU) requires annual influenza (flu) vaccination for all DU students, faculty, and staff who live, work and/or attend classes on campus to reduce the risk of influenza within our community.

I acknowledge that I am aware of the following facts:

- All DU community members are offered no-cost flu vaccines and should be vaccinated unless they have a clear contraindication.
- The Centers for Disease Control (CDC) recommends annual flu) vaccination for everyone 6 months and older before the start of flu season unless an individual has a clear contraindication.
- Flu vaccination is the single best way to protect against the flu and has been shown to prevent influenza disease and its complications, including death.

*I attest that I have already received the influenza vaccination this season and am unable to provide the requested documentation:*

Date vaccination received: \_\_\_\_\_

Facility providing vaccination: \_\_\_\_\_

Location of vaccination (City, State): \_\_\_\_\_

By signing below, I attest that the above statement is true; and I understand that falsification of this statement may lead to referral for disciplinary action.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*The University of Denver requires an actual signature and will not accept an Adobe digital ID or other digital signature.*

DU ID: \_\_\_\_\_

Print full name: \_\_\_\_\_ DOB: \_\_\_\_\_