



Mississippi Baptist Medical Center Non-Nursing Influenza Vaccination Summary Form

School Name:

Program:

Student Semester:

Flu Season:

Date Form Completed:

Spring Semester students/instructors do NOT need to be included in totals, if they have already been included in the count on a form submitted during the most recent Fall Semester.

In the boxes below, submit total number of students/instructors who will be attending clinicals at MBMC during the current influenza season.

1. Number of students/instructors who worked/participated in clinicals at MBMC for at least 1 day between October 1- March 31.

2. Number of students/instructors who received an influenza vaccine at MBMC since the influenza vaccine became available this season.

3. Number of students/instructors who provided a written report or documentation of influenza vaccination outside of MBMC since the influenza vaccine became available this season.

4. Number of students/instructors who have a medical contraindication to the influenza vaccine.

5. Number of students/instructors who declined to receive the influenza vaccine.

6. Number of students/instructors with unknown vaccination status.

Please complete form in it's entirety and return to department in which you are seeking a clinical rotation.

For questions or concerns please reach out to MBMC Employee Health or MBMC Student Navigators:

MBMC Employee Health, 601-968-1444
Brandi Morris, Brandi.Morris@BMHCC.org, 601-968-4176
Tina Magers, Tina.Magers@BMHCC.org, 601-968-1204