



# Mississippi Baptist Medical Center Influenza Vaccination Summary Form

School:

Program:

Student Semester:

Flu Season:

Date Form Completed:

*Spring Semester students 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 who will be attending clinicals at MBMC during the current influenza season.*

1. Number of students who are working/participating in clinicals at MBMC for at least 1 day between October 1-March 31.

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

3. Number of students 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 who have a medical contraindication to the influenza vaccine.

**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 Student Navigators.

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