

Mandatory Flu Shot Documentation Form

Please complete and submit this form to signify that you have received a flu shot between 8/1/2020 and 11/1/2020.

First Name: _____

Last Name: _____

Marian email address: _____

Circle one: FACULTY/STAFF STUDENT

Date of your last flu shot (valid between 8/1/2020 and 11/1/2020): _____

Place you received your last flu shot: _____

Your signature: _____

*Submit your exemption form to the Office of Human Resources in Marian Hall room 116 or
hr@marian.edu email by November 1, 2020.*