



Hackensack  
Meridian *Health*

**Influenza Vaccination Attestation Form**

I understand that Hackensack Meridian Health (HMH) is a Mandatory Influenza Vaccination Facility and have received and reviewed a copy of the Influenza policy. \_\_\_\_ (initials).

I had the opportunity to request an exemption per the HMH policy which was granted for the present Influenza Season. I am attesting that I will wear a mask at all times except when in the break room or in the cafeteria during the influenza season (usually December 1st through March 31<sup>st</sup>, unless based on the influenza activity, Executive Leadership/VP Infection Prevention & Control extends the defined end date of the flu season. \_\_\_\_ (Initials).

I understand I am required to adhere to the Mandatory masking as outlined in the policy. \_\_\_\_ (initials).

Name: \_\_\_\_\_

NPI/TM ID number \_\_\_\_\_

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

Credentials: \_\_\_\_\_

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

Best Contact Number: \_\_\_\_\_

Primary Facility within HMH: \_\_\_\_\_