



UT TylerTM

**SCHOOL OF
NURSING**

Flu Vaccine Waiver

Student name: _____

Student ID number: _____

Today's date: _____

I do hereby attest that I will be starting nursing school during either a Summer or Fall semester between flu seasons. My CastleBranch Flu Vaccine Requirement is to be waived for starting the program. I understand the flu vaccine (or exemption request) will be required once flu season starts again and will be due by September 30 of this year.

Student signature: _____