



Wyoming Medical Center

ATTESTATION – FLU VACCINATION – NON-EMPLOYEES

Name: _____

Address: _____

Telephone No.: _____

Company Name/ School Affiliation: _____

Purpose for being at WMC: _____

I hereby attest that I:

_____ Have received the seasonal flu vaccine

_____ Have **not** received the seasonal flu vaccine

I also hereby attest that I understand I will wear a surgical-type mask when deemed mandatory by the Medical Director of Infection, Prevention and Control while visiting the Wyoming Medical Center campus if I have not been vaccinated with the seasonal flu vaccine.

PLEASE NOTE: Wyoming Medical Center campus includes but is not limited to the main hospital building, Transitional Care/Wyoming Imaging building, Support Services building, Engineering building, the White House (Life Flight), Conwell building, Wyoming Medical Center Foundation, and all parking areas.

Non-Employee Signature: _____

Dated: _____