

**NELL HODGSON WOODRUFF SCHOOL OF NURSING
EMORY UNIVERSITY**

AFFIDAVIT OF POLIO VACCINE

Students who are certain they have received the Polio Vaccine, but who are unable to obtain documentation from their physician are required to use this form to report acknowledgement of the receipt of the polio vaccination. Without the required documentation of immune status on file, (either proof from a physician or by personal verification) students may be unable to continue in the program or may be prevented to train at some clinical sites.

Name: _____

SS# _____ - _____ - _____ Student ID# _____ Date of Birth ____/____/____

Entered current degree program: Semester _____ Year _____

BSN ____ Anticipated Graduation: Spring (Year) _____

MSN ____ Specialty _____ Anticipated Graduation: (Semester/Year) _____

I have a consulted a reliable source who has verified that I received the Polio vaccine series or I remember receiving the Polio vaccine series. I understand that if I provide false information on this document and have not received the Polio vaccine, as a health care worker, I continue to be at a greater than average risk of acquiring Polio, a serious disease.

Signature: _____ Date: _____

Return original form to the Office of Admission and Student Services. Questions may be directed to 404.727.7980.