

**Minnesota Academy of Family Physicians
-Staff Influenza Vaccination Declaration-**

**I declare that our clinic was able to achieve a 95% vaccination rate
among all staff who have contact with patients in the clinic.**

(signature) (date)

(printed name) (job title)

(name of clinic)

of staff who have clinical contact with patients _____
(Divide this # by 100, and multiply the result by 95 to find out how many staff need to get vaccinated
to achieve 95%)

of staff above who received a flu vaccination by 11/30/11 _____
(This # should be equal to or greater than the # in highlighted box above)

Card must be returned by December 5, 2011, to be accepted. Thanks!