

ATTESTATION

To: Ken Zafren, MD
State EMS Medical Director

From: _____ (name)

_____ (EMS agency name)

EMT-II EMT-III (circle level of certificate/license)

_____ (expiration date)

Date: _____

Re: Authorization to administer influenza vaccine

I understand that by completing this training I may **ONLY** give flu vaccine under the following circumstances:

- During Division of Public Health training and vaccination exercises, or
- During a declared Public Health emergency

I also understand that giving flu vaccine under any other situation would be outside of my scope of practice and is not allowed under 7 AAC 26.040 or 7 AAC 26.670.

(Signature of EMT-II or EMT-III)