

FLU VACCINE CONSENT / REFUSAL FORM

PLEASE INITIAL ONE:					
Yes, I want to rec	eive the Flu vacci	ne.			
I read the information given questions were answered.	to me about the F	lu virus and I had the opp	portunity to ask questions	. Му	
 this agency's patient If I contract influent appear. My sheddi If I become infected symptoms are mild I understand that the year and, even if the against influenza is I understand that I The consequences of 	on is recommendate from influenza, I can shed the ng the virus can add with influenza, or non-existent. The strains of virus devices of my refusing to y health and the less, my family and	led for me and all other a, its complications, and e virus for 24 hours bef spread influenza to pation I can spread severe illustrate that cause influenza munity declines over ach year. In the influenza is the vaccinated could have alth of those with when a series of the could have alth of those with when a series of the could have alth of those with when a series of the could have alth of those with when alth of those with when a series of the could have a series of the cou	healthcare personnel to d death. Fore influenza symptom tents in this agency ness to others even whe infection change alm time. This is why va vaccine.	en my ost every	
Date Given	Lot #	Administered By	Next Date Due		
<mark>No</mark> , I don't want	to receive the Flu	Vaccine.			
I acknowledge that I have read decided to decline the influenz any time and accept vaccination. I decline the Flu Vaccination of the Flu	ca vaccine by my son in the future.	ignature below. I realize at this time because I have	that I may re-address thi	s issue at	
Employee Name:		Job Tittle:			

Signature: ______Date____