

Facility Name: _____

You have given me the opportunity to be vaccinated with the influenza vaccine at no charge to myself.

I have received, read and understand the information about the risks and benefits of the vaccine.

However, (please indicate one of the following choices)

I decline the influenza vaccine at this time. I understand that I may change my mind at any time and accept influenza vaccination, if vaccine is available.

I have already received the influenza vaccine for this flu season and am thus declining it at this time. I received the vaccine at _____
_____.

Employee's Name (Print)

Employee's Signature

Date