

Decline of Vaccination

Name: _____

Date of Birth: _____ Sex: Female Male

Allergies No Yes Specify _____

Statement

I have read the provided information about influenza vaccination or had such explained to me. I have had the opportunity to ask questions which have been answered to my satisfaction. I understand the risks of refusing the seasonal influenza vaccination and hereby decline to be given the influenza vaccine.

Reason: _____

Signature _____ Date _____

Mask Log

Date Received	Number of Masks	Issuer Signature