



Flu Vaccination Declination

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

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

However, (please indicate one of the following)

_____ I decline the influenza vaccine at this time.

_____ 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 Name (Print)

Employee Signature

Date