**CONSENT:**

I understand that due to my potential exposure working in a healthcare facility, I may be at risk of contracting the flu, during the flu season of October through March.

I understand the benefits and risks of the influenza vaccination. I understand that as with all medical treatment, there is no guarantee that I will become immune. I understand that the vaccine will be given to me at no cost. I voluntarily consent to receive the influenza vaccine.

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Signature of Employee Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For Office Use Only** | **Date** | **\*Site** | **Lot #** | **Given By** |
| Influenza vaccine |  |  |  |  |
| \*Site: #1 = left deltoid #2 = right deltoid | | | | |

**DECLINATION**

I have already received the Influenza vaccine. I will provide documentation for my file at <Facility Name>.

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Signature of Employee Date

**DECLINATION**

I understand that due to my occupational exposure, I may be at risk of contracting the flu. I have been given the opportunity to be vaccinated with the influenza vaccine, at no charge to myself. However, I decline the influenza vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of contracting the flu. If in the future I continue to have occupational exposure and I want to be vaccinated with influenza vaccine, I can receive the vaccination at no charge to me, during the flu season of October through March.

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Signature of Employee Date

**Reason for Declination:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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