

## 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