

**Influenza Prevention
Employee and Contractual Provider
Statement**



I am aware of the influenza prevention policy and have had a chance to have my questions answered about influenza vaccination. *I understand the benefits and risks of the vaccine, and:

I **agree** to have the influenza vaccine for the influenza season. *If you have already received the influenza vaccine for this influenza season, please specify the date* _____.

I **decline** influenza vaccination for the influenza season. I understand that I may rescind this declination at any time. I understand that I will be required to wear a surgical mask, throughout the influenza season (approximately October thru April), while providing services in the person's home. *Please specify reason(s) for the declination (optional)* _____.

Signature

Date

Printed Name

Program

Did you receive the influenza vaccine during last year's influenza season?

Yes

No

***For questions about influenza vaccination, please call the Agency Manager.**

Administration of Vaccine: LAIV TIV		
Vaccine Type	Date	Health Professional Signature