



# FLU/PNEUMONIA VACCINATIONS CONSENT FORM

\_\_\_\_\_  
*Resident's Name*

\_\_\_\_\_  
*Date of Birth*

☐ Agree

☐ Refuse to receive **Influenza** vaccination

☐ Agree

☐ Refuse to receive **Pneumonia** vaccination

**Initials here indicating that you (Resident/Representative) have received Information regarding risks and benefits of the above vaccinations.**

Initial: \_\_\_\_\_

\_\_\_\_\_  
Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Responsible Party Resident Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager's Signature (or Authorized)

\_\_\_\_\_  
Date