



Inoculations—Influenza

Last Name _____ First Name _____ MI _____

Consent to Receive Influenza Inoculation

I have read the information about Influenza and the Influenza inoculation. I have had an opportunity to ask questions which were answered to my satisfaction. I understand the benefits and risks of the Influenza vaccine and request that it is given to me. I understand this vaccine is being offered to me at no cost on a purely voluntary basis. If I have an unusual reaction to the injections, I understand that I must report this to the Health Department/Designated Infection Control Officer.

Signature of Applicant _____ **Date** _____

Parental Signature _____ **Date** _____
(If applicant is under 18 years of age)

Waiver of Influenza Inoculation

I understand that I may be exposed to Influenza. I have been given the opportunity to be inoculated with the Influenza vaccine. I understand that by declining this vaccine, I continue to be at risk of acquiring Influenza. If in the future decide to be inoculated, I can receive the vaccination at no charge to me.

Signature of Applicant _____ **Date** _____

Parental Signature _____ **Date** _____
(If applicant is under 18 years of age)