

Influenza Immunization Waiver Form

Employee Name:

By signing below, I certify that I fully understand that due to my occupational exposure, I may be at risk of acquiring Influenza. This risk increases if I have not been vaccinated.

I further understand that if I decline to be vaccinated, I must wear a facemask during influenza season at all times while on duty.

I have been informed of the advantages of having the Influenza Vaccine and have decided to:

Please check one box:

- Be vaccinated
 NOT be vaccinated

Employee Signature:

Date: