

Influenza Vaccination and Waiver Record for Volunteers

Volunteer name: _____

Birth Date: _____

Facility: Saint Joseph's Ministries

County: Frederick

Please check the appropriate space and sign and date at the bottom.

_____ **I wish to decline the flu vaccine for medical or other reasons. Proof must be provided by your doctor.**

_____ **I wish to receive the flu vaccine.** (Please see Annie to set up a time and date.)

_____ **I have already received my flu vaccine from my own physician or clinic. Must bring in proof from doctor.**

Date of vaccine: _____

Volunteer Signature: _____ **Date:** _____