

# Flu Vaccine Declination

Rev. 11.22.2024



## Colleague / Candidate Information

Name:

Colleague ID:  
(Current Colleagues Only)

Email address:

Phone number:

Health Ministry:

Date:

Department:

Recruiter:  
(candidates only)

## Flu Vaccine Declination

I have read the information provided to me on the risks, benefits, and side effects of the Flu vaccine.

I was advised that the vaccine has been shown to decrease the risk of severe illness, hospitalization, and death from flu infection.

I decline the offer of a flu vaccination at this time.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_