



**Volunteer Influenza Vaccine Information and Consent Form**

Per the order of the Contra Costa County Health Officer each and every licensed healthcare facility must implement a program requiring its workers to receive an annual influenza vaccination, or if they decline, to wear a mask for the duration of the influenza season while working in patient areas in that healthcare facility.

I have read or have had explained to me the information from the Vaccine Information Statement. I have had a chance to ask questions and have them answered to my satisfaction. I believe I understand the benefits and risks on influenza vaccine and request that I be given it.

**I have provided a copy of receiving the flu vaccine: Yes \_\_\_\_\_ No \_\_\_\_\_**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**I decline. I understand that I will need to wear a mask as stated above.**

\_\_\_\_\_  
Signature of Person Declining Vaccine

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Birthdate

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
Zip Code