

PRINT ONLY

**NAME:** (LAST) \_\_\_\_\_ (FIRST) \_\_\_\_\_

### 2024/2025 SEASONAL INFLUENZA VACCINATION

Orange County EMT has recommended that I be vaccinated against seasonal influenza to protect me, my patients and my family. I understand that due to my occupational exposure, I may be at risk for acquiring influenza infection.

I am declining vaccination at this time. I understand I can change my mind at any time and seek and accept influenza vaccination if vaccine is available.

I received influenza vaccination from another source ( \_\_\_\_\_ ) on approximately \_\_\_\_\_, 20\_\_\_\_.

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