

PRINT ONLY

NAME: (LAST) _____ (FIRST) _____

2025/2026 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: _____