

Morningstar Home Health Agency, Inc.  
**Employee Influenza Vaccination Policy**  
**Acknowledgement of Receipt**

Please print your name and title and then sign and date the form to indicate that you have received a copy of the Agency's *Policy for the Administration of Influenza Vaccine to Agency's Employees*. You are responsible for reading and adhering to the policy.

\_\_\_\_\_  
Print Name/Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*Please send signed Acknowledgement of Receipt form to: Office of Human Resources.*

**Influenza Vaccination Employee Statement**

I am aware of the influenza policy and have had a chance to have my questions answered about influenza vaccination.

\* I understand the benefits and risks of the vaccine, and:

I **agree** to have the influenza vaccine for the influenza season. *If you have already received the influenza vaccine for this influenza season, please specify the date* \_\_\_\_\_.

I **decline** influenza vaccination for the influenza season. I understand that I may rescind this declination at any time.

*Please specify reason(s) for the declination:* \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Title

Did you receive the influenza vaccine during last year's influenza season?

Yes       No

*\*For questions about influenza vaccination, please call the Agency.*

**If Administration was at the Agency location:**

**Administration of Vaccine:**  LAIV       TIV

Date: \_\_\_\_\_ Administer by RN: \_\_\_\_\_

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