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INFLUENZA VACCINE CONSENT OR DECLINATION

FLM Staffing has provided me information regarding the risks and benefits of the *Influenza* vaccines. I have been given the Centers for Disease Control Vaccine Information Statements, which have allowed me to be educated as to these risks and benefits. I have been given the opportunity to ask questions and discuss any concerns that I may have. I am making an informed decision regarding the influenza vaccine.

I _____, FLM Staffing Employee, do hereby
Employee name

Consent

or

Decline

to receive the influenza vaccine. I understand that if I request the vaccine at a later date, it will be administered based on availability.

Signature: _____ Date: _____