



RESIDENT INFLUENZA IMMUNISATION PROGRAM **2021**

RESIDENT NAME: _____

Date: _____

I wish to receive the Influenza Immunization Vaccine at Kalyra ☐

I do not wish to be vaccinated against Influenza ☐

I have read and understood the information given to me about immunisation including the risk of the vaccination and the risk of not being vaccinated. I have been given the opportunity to discuss the risks and benefits with my doctor/nurse. I consent for the above named to be vaccinated for Influenza.

Signature: _____

Print Name: _____

Relationship to the person being vaccinated: _____

Please return to Reception as soon as possible