



## Annual Influenza Attestation

Annual Influenza vaccination is needed because of antigenic shifts. The vaccine is contraindicated in those severely allergic to eggs or egg protein. The influenza vaccine has been shown to help reduce the spread of influenza to patients and one's family members.

- I have been vaccinated for influenza this flu season. Date:\_\_\_\_\_ (proof attached )
  
- I have contraindication to receiving the influenza vaccine.(on file at agency)
  
- I decline the influenza vaccine, and I understand that due to my occupational exposure I may be at risk of acquiring the influenza infection. In addition, I may spread influenza to my patients, other healthcare workers, and my family, even if I have no symptoms. This can result in serious infection, particularly in persons at high risk for influenza complications.

\_\_\_\_\_  
Registry Provider Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date of Attestation

\_\_\_\_\_  
Agency Representative Signature

\_\_\_\_\_  
Agency Name