

Out of Season Flu Form

I understand that flu season is between November 1 st and May 1 st of each year. By signing this form, I acknowledge that the flu vaccination is not required at this time. However. I understand that a flu vaccination will be required by October 1 st to be in compliance with all health documentation.	
(Please Print) Last Name	First Name
(Ficase Fillit) East Name	THEOREM
Signature	Date
	<u>Created: 07/30/2019</u>