



Ontario Shores
Centre for Mental Health Sciences

INFLUENZA VACCINATION SELF DECLARATION FOR STAFF, PHYSICIANS AND VOLUNTEERS

I understand that the seasonal influenza vaccine may help protect against seasonal influenza, a serious respiratory illness caused by a virus, and therefore I have chosen to be immunized.

Employee Name (please print)	Department
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I, _____, confirm by signing below, that I have received the influenza
Name (please print)

vaccine on _____ at _____.
(Date) (Time)

I received my vaccine at:

Doctor's office or clinic : _____

Pharmacy: _____

Other facility/clinic: _____

By signing below, I am confirming that I have received the 2021-2022 influenza vaccine on the date indicated above.

In the event of an outbreak in my work area or unit, I consent to the release of my immunization status to my manager, and I may be asked to provide further documentation of vaccination.

Signature

Date