**COLQUITT REGIONAL MEDICAL CENTER**

**INFLUENZA VACCINE DECLINATION**

I decline to receive the influenza vaccination due to the following reason(s):

\_\_\_\_\_ Previous reaction to a flu vaccine or another vaccine (allergic to any components of the vaccine)

\_\_\_\_\_ History of Guillain-Barre Syndrome

\_\_\_\_\_ Religious/Philosophical beliefs

\_\_\_\_\_ Pregnant/Lactating

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Signature Date