

# Prince George County, Virginia Fire & EMS

## Influenza Vaccine Consent Form

I have read the information about influenza and the vaccine that is being offered. I have read the information on possible side effects and allergies. I have had the opportunity to ask questions and to have the questions answered. Based on this, I elect to participate in this vaccine program.

Name (Printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_