

## Flu Vaccinations



As per Department of Human Services requirements, we are mandated to report your child's flu vaccinations. This form is to be completed by parent.

☐ My child, \_\_\_\_\_, **did** receive a flu vaccination by the pediatrician, or family doctor.

Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

☐ My child, \_\_\_\_\_, **does not** receive the flu vaccine. Below, please specify, in writing, why you prefer your child not be immunized for the flu. (A reason is required.)

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Parent Signature\_\_\_\_\_ Date\_\_\_\_\_

**\*This form is to be signed at Calvary Care/WVP at time of registration payment.**