

Homecare, Inc.
Annual Flu Vaccine Form

I, _____ choose to decline this
season's flu vaccine.

Signed _____ Date _____

I, _____ choose to accept this
season's flu vaccine. I understand that I have 30 days from the date signed
below (or September 1 – November 30, _____ year) to provide proof of
vaccine. I understand that once I provide proof of vaccine Homecare will
reimburse the amount of \$10.00 regardless of the actual cost of the vaccine.
In the event that proof of vaccine is not provided by the deadlines above, I
have effectively declined the flu vaccine.

Signed _____ Date _____