

Arkansas Department of Health
Influenza/Pneumococcal Declination Form for Nursing Home Residents*

Name of Nursing Home: _____

Address: _____

Telephone Number: _____ N.H. Clinic Code: _____

Name/Title of contact person: _____

Name of Resident	DOB	Severe Egg Allergy		Flu Vaccine Declined	Pneumo Vaccine Declined	Reason for Declination
		Yes	No			

*When complete send original to Office of Long Term Care and keep a copy for your records.