



**2021 - INFLUENZA / FLU VACCINATION AND
ANTIVIRAL CONSENT FORM**

Resident Name: _____

Room #: _____

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Please Complete Part 1 and Part 2 below and return by October 15, 2020

PART 1 – FLU CONSENT (Please Check only ONE box in this section)

I CONSENT to taking an ANNUAL INFLUENZA / FLU VACCINATION

Signature of Resident / Substitute Decision Maker

Date

OR

I DO NOT CONSENT to taking the Annual INFLUENZA / FLU VACCINATION

Signature of Resident / Substitute Decision Maker

Date

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PART 2 – ANTIVIRAL CONSENT FORM (Please Check only ONE box below)

In the event of a Declared Outbreak by Public Health:

I CONSENT to taking the prescribed course of treatment of Tamiflu or other antiviral medication as advised by the Department of Public Health in the event of an outbreak of Influenza.

Signature of Resident/Substitute Decision Maker

Date

OR

I DO NOT CONSENT to taking the prescribed course of Tamiflu or other antiviral medication as advised by the department of Public Health in the event of an outbreak of Influenza.

Signature of Resident/Substitute Decision Maker

Date

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RETURN COMPLETED FORMS:

in person; by fax: 416-536-8242; or email to: mitziy@copernicuslodge.com