

LINCOURT MANOR INC.
CONSENT FOR IMMUNIZATION

Date: _____

Resident's Name: _____

I hereby consent to the above named person to receive the following immunizations administered by Lincourt Manor.

_____ yearly influenza vaccine

_____ anti-viral prophylaxis (outbreak of influenza)

_____ pneumococcal vaccine every 5 years
(if not already received)

Signature: _____

Date: _____

Relationship to Resident: _____

Signature of Witness: _____

Date: _____