



Ayre Manor

Human Resources

IMMUNIZATION DECLARATION

I _____ (print name) am a volunteer at Ayre Manor.

- I am attaching a copy of my immunization record to this signed form.
- I do not have a copy of my immunization record, but remember getting immunizations over the years and am offered annual flu vaccinations.
- I am refusing to provide a copy of my immunization record at this time, but I am offered annual flu vaccinations.

VOLUNTEER SIGNATURE

DATE