

Employee Flu Vaccination Campaign

Post Flu Campaign Results

Facility Name _____

Address _____

Phone _____ Fax _____

Contact Name _____

Total number of employees _____

Number of employees who received vaccine _____

Number of declinations signed _____

Top three reasons given on declination _____

What worked _____

What didn't work _____

Please fax the completed form to Adele Solomon, Southern Nevada Health District at 759-1455.