

Therapeutic Resources
Staffing the U.S. with Rehab Professionals
www.therapeuticresources.org
Phone: 541-389-7499
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Health Questionnaire

Name: _____ Date: _____

Please check only one of the options listed below:

_____ I have received a vaccination for Influenza and have attached proof.

_____ I have not received a vaccination for Influenza and I decline to be vaccinated at this time.

I certify the above answers given by me are correct to the best of my knowledge.

Signature _____ Date: _____